

**DISTINGUISHED SCIENTIST  
NOMINATION FORM - 2024**



**Nominee's Contact Information**

First Name:	MI:	Last Name:	
Degree(s):	Title or Position:		
Institution:		Department:	
Address1:		Address2:	
Box/Mail Stop/Room/Suite:	City:	State:	Zip Code:
Telephone:		Email:	

*In an effort to increase the diversity and inclusiveness of the nominees and honorees, though not mandatory, we ask that you please complete this section of the application.*

Gender:  Male  Female  Prefer not to say  Other \_\_\_\_\_

Race:  American Indian  Alaska Native  Asian  Black/African American  
 White  Native Hawaiian/Other Pacific Islands  Not Specified/Prefer not to say  Other \_\_\_\_\_

Ethnicity:  Hispanic or Latinx  Not Hispanic or Latinx  Prefer not to say

**Submitter's Contact Information**

First Name:	MI:	Last Name:	
Degree(s):	Position in Council:		
Institution:		Department:	
Address1:		Address2:	
Box/Mail Stop/Room/Suite:	City:	State:	Zip Code:
Telephone:		Email:	

Nominee council affiliations:

Nominating council: \_\_\_\_\_ Co-Sponsoring Council: \_\_\_\_\_

A short statement, 100 words or less summarizing and highlighting the nominee's achievement