

**DISTINGUISHED SCIENTIST
NOMINATION FORM - 2025**



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