

# AASP 2020 Award Nomination Application

*\*Please include this completed form as the first page in your nomination PDF.*

## Nominee Contact Information

<b>Nominee First and Last Name</b>	<b>AASP Membership Status of Nominee</b>  Yes      No
<b>Nominee Employer/Affiliation</b>	<b>Nominee Mailing Address</b>  Institution
<b>Nominee E-mail Address</b>	Street Address Line 1
	Street Address Line 2
<b>Nominee Telephone</b>	City, State/Province, Zip
	Country

## Sponsor Contact Information

<b>Sponsor First and Last Name</b>	<b>AASP Membership Status of Sponsor</b>  Yes      No
<b>Sponsor E-mail Address</b>	<b>Sponsor Telephone</b>

**Award Nominated For** – please choose one from the list below.

<p><b>Dorothy V. Harris Memorial Award</b></p> <p><b>Dissertation Award</b></p> <p><b>Distinguished International Scholar</b></p> <p><b>Distinguished Professional Practice Award</b></p> <p><b>Distinguished Doctoral Student Practice Award</b></p> <p><b>Distinguished Master's Student Practice Award</b></p> <p><b>Master's Thesis Award</b></p> <p><b>Performance Excellence Award</b></p> <p><b>Student Diversity Award</b></p>
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