

2024 WEF Fellows Nomination Form (To be used as a guide or template – not for official submissions)

**Section 1: Information to be filled out by the Nominator:** 

\*Name of Nominee: (Open Field)

**Is this a self nomination?** (Drop Down) / (Yes, this is a self nomination / No, this is not a self nomination)

**Please read:** Whether this is a self nomination or you are nominating someone else, please fill out the below "Nominator" section (and the following sections) as directed.

\*Name of Nominator: (Open Field)

### **Nominator Current Address**

Street Address: (Open Field)

Line 2: (Open Field)
City: (Open Field)
Country: (Drop Down)

State / Province: (Drop Down) Zip / Postal Code: (Open Field)

\*Nominator Phone Number: (Open Field)

\*Nominator Email Address: (Open Field)

\*Nominator: Are you a WEF Member in good standing?: (Drop Down, Yes / No)

\*WEF Member ID number of Nominator: (Open Field)

### **Primary Area of Expertise of Nominee**

Please list the Primary Area of Expertise of the nominee in the space provided below. (Open Field), Character count: 0 / 60

# Information about the Nominee:

Please skip to Section 2 if this is a self nomination. Please complete this section if you are submitting a nomination for someone else.

Nominee First Name: (Open Field)

Nominee Last Name: (Open Field)

## **Nominee Address**

Street Address: (Open Field)

Line 2: (Open Field)
City: (Open Field)
Country: (Open Field)

State / Province: (Open Field)
Zip / Postal Code: (Open Field)



Nominee Phone Number: (Open Field)

Nominee Email Address: (Open Field)

#### **WEF Member ID number of Nominee**

If you are submitting a nomination for someone else, please provide their WEF Member ID below.

If you need the WEF Member ID number for the individual you are nominating, contact Awards@wef.org.

(Open Field)

#### **Section 2: PLEASE READ:**

For anyone submitting this Fellows nomination form, please be aware that some of the below sections are optional unless specifically marked. We are offering the opportunity for you to include the below sections of information (Education, Professional Experience, Professional Organizations/Community Involvement) within the uploaded resume, CV, cover letter, etc. of the nominee. However, you are still welcome to fill out the below sections if you prefer.

### **Section 3: EDUCATION OF NOMINEE**

\*Will you upload a document (resume, CV, cover letter, etc.) addressing the requested points of information below for the nominee?

- Yes, I will upload a document addressing the requested points of information below for the nominee
- No, I will complete the following section and type in my responses below
- A document I will upload in a different section below addresses the questions in Section 3

## Attachment Upload if you selected "Yes" above

Attach Resume, CV, Cover Letter, etc. describing the below points of information for the nominee.

Once a document is uploaded here, skip to Section 4.

(Upload Button) Choose File

College/University: (Open Field)

Degree: (Open Field)

Did you graduate?: (Drop Down, Yes / No)

What year did you graduate?

Character count: 0 / 4

(Open Field)



College/University: (Open Field)

Degree: (Open Field)

Did you graduate?: (Drop Down, Yes / No)

What year did you graduate?

Character count: 0 / 4

(Open Field)

College/University: (Open Field)

**Degree:** (Open Field)

Did you graduate?: (Drop Down, Yes / No)

What year did you graduate?

Character count: 0 / 4

(Open Field)

# **Section 4: PROFESSIONAL EXPERIENCE OF NOMINEE**

\*Will you upload a document (resume, CV, cover letter, etc.) addressing the requested points of information below for the nominee?

- Yes, I will upload a document addressing the requested points of information below for the nominee
- No, I will complete the following section and type in my responses below
- A document I have uploaded in a previous section or will upload in a section below addresses the questions in Section 4

## Attachment Upload if you selected "Yes" above

Attach Resume, CV, Cover Letter, etc. describing the below points of information for the nominee.

Once a document is uploaded here, skip to Section 5.

(Upload Button) Choose File

Company Name: (Open Field)

**Title:** (Open Field)

## **Start Date**

Please only list the month and year. Example: 10/2019

Character count: 0 / 7



#### **End Date**

Please only list the month and year. Example: 10/2019

Character count: 0 / 7

(Open Field)

**Responsibilities:** (Open Field, lots of text space for response)

Company Name: (Open Field)

Title: (Open Field)

#### **Start Date**

Please only list the month and year. Example: 10/2019 Character count: 0 / 7

(Open Field)

#### **End Date**

Please only list the month and year. Example: 10/2019 Character count: 0 / 7 (Open Field)

Responsibilities: (Open Field, lots of text space for response)

Company Name: (Open Field)

Title: (Open Field)

## **Start Date**

Please only list the month and year. Example: 10/2019 Character count: 0 / 7 (Open Field)

## **End Date**

Please only list the month and year. Example: 10/2019 Character count: 0 / 7 (Open Field)

**Responsibilities:** (Open Field, lots of text space for response)

## Section 5: PROFESSIONAL ORGANIZATIONS AND COMMUNITY INVOLVEMENT OF NOMINEE

\*Will you upload a document (resume, CV, cover letter, etc.) addressing the requested points of information below for the nominee?

- Yes, I will upload a document addressing the requested points of information below for the nominee
- No, I will complete the following section and type in my responses below

(Any fields marked with an asterisk \* require a response or document upload)



• A document I have uploaded in a previous section or will upload in a section below addresses the questions in Section 5

# Attachment Upload if you selected "Yes" above

Attach Resume, CV, Cover Letter, etc. describing the below points of information for the nominee.

Once a document is uploaded here, skip to Section 6.

(Upload Button) Choose File

Name of Professional Organization or Community Involvement: (Open Field)

Years of Service: (Drop Down, 1-9 years / 10-15 years / 15-20 years / 20+ years)

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Years of Service: (Drop Down, 1-9 years / 10-15 years / 15-20 years / 20+ years)

## Section 6: REQUIRED SUPPORTING DOCUMENTATION OF NOMINEE

### \*Attachment to summarize information about the nominee

Attach to/include with application. Include information about the nominee regarding each of the following points (3 additional upload buttons are included below for optional use to address Section 6):

- (1) Describe the nominee's professional achievement/stature and contributions to the global water environment, in the nominee's area of practice.
- (2) Include documented contributions to the nominee's profession through active participation in WEF, its Member Associations, other professional organizations and community involvement.
- (3) Also include examples of the nominee's work which convey the impact they have made in their practice area.
- (4) NOTE: All presentations, papers, and cited works must be properly documented to show ownership.

\*(Upload Button) Choose File (Upload Button) Choose File

(Upload Button) Choose File

(Upload Button) Choose File



#### ADDITIONAL SUPPORTING DOCUMENTATION

Provide supporting letters from WEF members (maximum of 5/minimum of 3) – two letters must be from peers in the nominee's practice area, and not employed at the same organization as the nominee/applicant.

\*Reminder that at least 3 of the individuals providing letters of support must be active WEF members.\*

\*Attachment: 1st Supporting Letter: (Upload Button) Choose File

Name of the WEF Member providing the 1st supporting letter: (Open Field)

WEF Member ID of the individual providing the 1st supporting letter: (Open Field)

\*Attachment: 2nd Supporting Letter: (Upload Button) Choose File

Name of the WEF Member providing the 2nd supporting letter: (Open Field)

WEF Member ID of the individual providing the 2nd supporting letter: (Open Field)

\*Attachment: 3rd Supporting Letter: (Upload Button) Choose File

Name of the WEF Member providing the 3rd supporting letter: (Open Field)

WEF Member ID of the individual providing the 3rd supporting letter: (Open Field)

Attachment: 4th Supporting Letter: (Upload Button) Choose File

Name of the WEF Member providing the 4th supporting letter: (Open Field)

WEF Member ID of the individual providing the 4th supporting letter: (Open Field)

**Attachment: 5th Supporting Letter:** (Upload Button) Choose File

Name of the WEF Member providing the 5th supporting letter: (Open Field)

WEF Member ID of the individual providing the 5th supporting letter: (Open Field)

Please indicate whether you would like your nomination or application to be re-considered next year

(only applicable if not selected as a 2024 WEF Fellow): (Drop Down, Yes / No)