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J. Willard Gibbs Phase Equilibria Award - Confidential

SUBMIT THIS FORM BY 1 February one year prior to that in which the award is to be given to:

Chair, Award Selection Committee
ASM International
9639 Kinsman Road
Materials Park, OH 44073-0002

Once the files are uploaded, you will see a screen confirming your submission and you will receive an email confirmation.

If you do not see this screen, your submission did not go through. Please make sure each file is below 3MB and resubmit the package. If the submission does not upload and transmit properly, please contact Christine.Hoover@asminternational.org.

Please be certain to furnish all relevant information: Missing data cannot be obtained elsewhere. The submitted material is the total case as it will be presented to the Awards Policy Committee. Please use additional sheets as necessary. Omissions can weaken the case of your nominee.

Page 1 of 6

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You will also receive an email confirmation. If you do not receive the email confirmation, please contact [Christine Hoover](mailto:Christine.Hoover@asminternational.org).

Sample Form - Info Only

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1. Nominee Information: * = Required Information

*Candidate First Name:

Candidate Middle Name/Initial:

*Candidate Last Name:

Suffix (Dr./Prof./Jr./Sr./PE, etc.):

Business Title:

Department/Division:

Company Affiliation:

Address 1:

Address 2:

*City:

*State/Province:

Zip Code:

*Country:

Phone Number:

E-Mail Address:

2. ASM Membership Status:

Is Nominee an ASM Member?

Is the nominee an ASM Member?

3. Please provide if known:

Member Number (if applicable/or known)

4. Chapter:

Chapter

Chapter (If applicable/or known):

5. Nature of Business: (150 words or less)

Nominee Information

Academic, Employment, Honors, Photo

Summary and Citation

Letters of Support

Submitted By

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6. Academic Background: (institution, major/minor, graduation year, degree/certificate)

	Institution	Major/Minor	Yr of Graduation	Degree/Certificate
Degree 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Employment History:

	Company Name	Position Held	Years of Service
Employment History 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment History 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment History 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment History 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment History 5	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment History 6	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment History 7	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment History 8	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Honors and Awards - Honors may be uploaded to provide more information. *Please be cognizant of document size and number of pages provided.*

No file selected

9. ATTACH PHOTO OF NOMINEE: Attachments are not to exceed 3MB max per file.

No file selected

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10. Person receiving the award, will have advanced the theory of phase equilibria, broadened the existing database on metal and ceramic systems, or in other ways promoted the application of phase equilibria and phase diagrams to the Materials Science and Engineering. Provide a summary of how the nominee meets these specific requirements.

Please be cognizant of document size and number of pages provided.

Choose File No file selected

11. Summary: What is nominee's most significant contributions or accomplishments to the area of phase equilibria? Please be cognizant of document size and number of pages provided.

Choose File No file selected

12. Attach a list of publications on Phase Equilibria.

Please be cognizant of document size and number of pages provided.

Choose File No file selected

13. Suggested citation of not more than thirty (30) words.

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RECOMMENDATION LETTERS:

Append statements of at least three (3) close associates familiar with the candidate's endeavors.

File Upload for Supporting Letter 1:

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File Upload for Supporting Letter 2:

Attachments are not to exceed 3MB max per file.

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File Upload for Supporting Letter 3:

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File Upload for Supporting Letter 4:

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File Upload for Supporting Letter 5:

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Note: Nominations can be submitted by any of the following: Chapter, Committee, Council, Affiliate Society, the Awards Policy Committee, an Awards Selection Committee, or Five ASM Members. A single nomination can be submitted jointly if desired, however, only one nominating group from the list below is necessary.

14. This nomination is submitted on behalf of the:

Note: Nominations can be submitted on behalf of more than one volunteer group, but that is not required. A minimum of one group must submit the nomination.

	Chapter	Committee/Council	Affiliate Society	Award Selection or Awards Policy Committee	Five ASM Members in good standing
Nomination Submitted on behalf of:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

15. If Submitted by Five ASM Members, please provide each ASM Member's Name and Membership Number below:

	ASM Member Name:	ASM Member Number:
ASM Member 1	<input type="text"/>	<input type="text"/>
ASM Member 2	<input type="text"/>	<input type="text"/>
ASM Member 3	<input type="text"/>	<input type="text"/>
ASM Member 4	<input type="text"/>	<input type="text"/>
ASM Member 5	<input type="text"/>	<input type="text"/>

16. *Nominator* (person submitting the nomination): * This is the lead nominator who ASM will communicate with as the point of reference and contact relative to this nomination.

*Nominator First Name:

Nominator Middle Name/Initial:

*Nominator Last Name:

Suffix (Dr./Prof./Jr./Sr./PE, etc.):

Title:

Department/Division:

Company Affiliation:

Address 1:

Address 2:

*City:

*State/Province:

Zip Code:

*Country:

*Phone Number:

*Nominator E-Mail Address:

*ASM Member ID:

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