

AASP 2025 Award Nomination Application

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

Nominee Contact Information

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

Sponsor Contact Information

| | |
|-----------------------------|---|
| Sponsor First and Last Name | AASP Membership Status of Sponsor Yes No |
| Sponsor Email Address | Sponsor Telephone |

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

| | |
|--|---|
| Distinguished International Scientist-Practitioner Award | |
| Distinguished Scientist-Practitioner Award | |
| Doctoral Dissertation Award | |
| Dorothy V. Harris Memorial Award | |
| Master's Thesis Award | For the <u>Outstanding Student Practice Award</u> , include number of consulting hours completed: |
| Ken Ravizza Performance Excellence Award | |
| Outstanding Student Practice Award | |
| Inclusion, Diversity, and Excellence in Advocacy and Social Justice | |
| (IDEAS) Student Award | |