

Official Nomination Application for the Young Professional of the Year Award

This application, along with all supporting material, should be sent via e-mail to **irwainecchair@gmail.com** by **February 1** to be eligible for this award. Please ensure you receive an acknowledgment e-mail receipt within 48 hours of submitting your application.

Please review the application and instructions in entirety. Please send a single, PDF containing the application and attachments. Please save and send your document with the file name "yourname_YPNomination".

Nominees to the Young Professional of the Year Award shall be age 35 or less as the applicable award year. IRWA Membership impacts your current employment position.

Nominee Name			
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City	State/Province	Zip/Postal Code	
Phone	E-mail		
Chapter #	Region #		
Years as an IRWA Member			
Year of Birth			
IRWA Designations			
Other Designations/Degrees			
Employer			

IRWA Membership Describe how your IRWA Membership affects or impacts your current employment position,
IRWA Participation Describe your participation at the Chapter, Region, and International level including positions held, initiatives, and goals.
IRWA Professional Development Describe your personal IRWA Professional Development plan, including career path, credentialing, and coursework.
Navigating the IRWA Describe steps you have taken to learn about and understand the IRWA, relationships with mentors you have established, and resources you have established, and resources you have utilized to enhance your IRWA experience.
Reflecting on the Past Year Describe your biggest professional successes in the past year. What accomplishments are you most proud of?

As a Young	he future of the Professional, wand/or impleme	vhat is your vision	for the futur	e of our <i>l</i>	Association? D	escribe ideas	you have
		tion & Resume etters of recomme	endation and	your resi	ume as attach	ments to this	application.
Signature				Date			