Nomination for Apprentice of the Year

MOLD TECHNOLOGIES

Nomination Year: _____
Company Name: _____
Address: _____
City, State (Province): _____
Postal Code: _____
Telephone: _____
Website: _____

Apprenticeship Program Information: Program Coordinator: _____
Coordinator Email: _____ Telephone: _____
Apprentice Trainer: _____ Trainer Email: _____

Is the apprenticeship program registered: □ Yes □ No
Registration Level: □ Federal Department of Labor
□ Provincial/State Department of Labor
Related Theory Course Work: □ Yes □ No
Training Center Name: _____
Address: _____
City, State (Province): _____
Program Coordinator: _____
Coordinator Telephone: _____
Coordinator Email: _____
Training Center Web-Address: _____

Apprentice Information: Apprenticeship Type: _____
Apprentice Name: _____ Number of Years in Program: _____
Anticipated Date of Program Completion: _____
Cumulative Grade Point Average in Related Theory Program: _____
Additional Course Work, if any: _____
_____

Include Degree Program work at the university/collegiate level beyond require related theory.

Demonstrated Technical Skills: _____
_____
_____

If selected, will the recipient attend the award presentation: □ Yes □ No
If selected, will the recipient bring additional members of company staff: □ Yes □ No
List any specific requirements for the recipient to attend the awards presentation:

Nomination Narrative(s): Include a 1 – 3 paragraph explanation supporting the nomination of this apprentice. The narrative should include information related to the activities and performance of the apprentice that sets him/her apart from contemporaries or previous apprentices in your company and under your leadership.

Please note, the narratives may include "Program Coordinator" and "Related Theory" statements.

Submit completed information with a head and shoulders photo by email to:

MoldTechnologiesDiv@Outlook.com

Nomination for Mold Practitioner of the Year

Nomination Year: _____
Company Name: _____
Address: _____
City, State (Province): _____
Postal Code: _____
Telephone: _____
Website: _____

Nomination Type: Mold Designer □ Mold Maker □ Mold Repair Tech □
Nominator Email: _____ Telephone: _____
Shop Owner: _____ Shop Owner Email: _____

Is the nominee a member of SPE: □ Yes □ No ***MEMBERSHIP IS NOT REQUIRED***
Membership Level: _____
Additional Trade Organization Membership: _____
Has the nominee completed a formal apprenticeship □ Yes □ No
Completed Related Theory Course Work: □ Yes □ No
Is the Nominee a member of an advisory board:
Trade School □ Yes □ No _____ Name and Location of Training Center

Trade Association □ Yes □ No ___ Organization Name and Position _____

Nominee Information:
Nominee Name: _____ Number of Years in Trade: _____
Nominee Employer: _____
If selected, will the recipient attend the award presentation: □ Yes □ No
If selected, will the recipient bring additional members of company staff: □ Yes □ No
List any specific requirements for the recipient to attend the awards presentation:
_____
_____

Please Note: The Mold Technologies Division can offer and Invitation Letter to facilitate attendance and any Travel Visa Applications.

Nomination Narrative(s): Include a 1 – 2-page professional experience biography supporting the nomination of this individual. The narrative should include information related to professional and/or civic activities that set the nominee apart from industry contemporaries.

Please note, Nominations may be made posthumously to recognize significant contributions of individuals from previous generations.

Submit completed information with a head and shoulders photo by email to:

MoldTechnologiesDiv@Outlook.com