

# **IMPACT Awards Nomination Form**

### Guidelines for nominations

- 1.) Double check to make sure everything is spelled correctly and that you have completed all fields in the nomination form on the back of this sheet. All fields are required.
- 2.) Attach a narrative of 1,000 words or less addressing the criteria listed below.
- 3.) The criteria are the items our judges will reflect on as they are choosing winners. We encourage you to include stories, facts, measurements and the significance of your nominee's impact specific to each criterion.
- 4.) Be aware of the nomination deadline of Oct. 22, 2013 at 5 p.m. EST. We do not accept late entries!
- 5.) E-mail completed nomination form and narrative to <a href="mailto:impactawards@indianachamber.com">impactawards@indianachamber.com</a> or fax to (317) 264-6855.

## Criteria to address in each category

Intern of the Year

- 1. Describe the intern's contribution to the employer's business. Please explain how the intern made a positive impact through his/her project work and work ethic.
- 2. Describe how the intern demonstrated leadership during the course of the internship.
- 3. Describe how the intern exhibited professionalism in the workplace.

### Career Development Professional of the Year

(Please include metrics where available)

- 1. Explain this professional's assistance to employers with the creation or enhancement of internship programs.
- 2. Describe this professional's stand-out qualities in communication with students and employers.
- 3. Describe this professional's strength as a coach for students on internship professionalism and career development.

#### Employer of the Year

(Please include metrics where available)

- 1. Describe this employer's innovative approach to an internship program.
- 2. Describe this employer's formation of meaningful project work.
- 3. Describe how this employer provides their intern(s) with professional mentors and networking opportunities.

Please find form on reverse side.

Employer's e-mail: \_

All fields required. Please type or print clearly.
NOMINATOR INFO
Your name:
Title:
Business/organization name:
Address:
City, state, ZIP:
Daytime phone number:
E-mail:
Note: You are invited to submit more than one nomination in any or all of the three award categories.
NOMINEE INFO
Option #1: Outstanding Intern Award (Please refer to nomination guidelines)
Name of nominee:
High School student, college student or non-student (at time of internship):
Nominee's permanent address:
Nominee's city, state, ZIP:
Nominee's phone number:
Nominee's permanent e-mail:
Option #2: Outstanding Career Development Professional Award (Please refer to nomination guidelines)
Staff member's name:
University/college name:
Years of service in career development role(s)
Staff member's street address:
Staff member's city, state, ZIP:
Staff member's phone number:
Staff member's e-mail:
Option #3: Outstanding Employer Award (Please refer to nomination guidelines)
Employer/company name:
Non-profit or for-profit:
Internship supervisor's name:
Employer's street address:
Employer's city, state, ZIP:
Employer's phone number:

Submit completed nomination forms by email to impactawards@indianachamber.com or fax to (317) 264-6855.

INTERN.net

A program managed by the Indiana Chamber

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