**AAPG Honors & Award Nomination ForM**

**Grover e. murray memorial distinguished educator award**

Before completing this form access **Save As** in the **File** menu and change the name of the document and select a location to which the document will be saved. You may tab through the fields or click in each one to complete the form.

**Nominee’s name:**

**Awarded in recognition of:**

Distinguished and outstanding contributions to geological education.

**Restrictions:**

Does not need to be a member of AAPG. Must be living at the time of selection, and willing to be present to receive the award, usually at the Annual Convention. Only one award per year unless funding is approved by the Executive Committee when it approves the award slate.

**Guidelines:**

Consideration will most often involve the teaching and counseling of students at the university level.

**Teaching of students**

1.
2.
3.

**Guidance of student research**

1.
2.
3.

**Research and scientific publications**

1.
2.
3.

**University and community activities**

1.
2.
3.

**Involvement in activities of scientific/professional organizations**

1.
2.
3.

**Contributions to the education of the public**

1.
2.
3.

**The management of educational programs**

1.
2.
3.

**If the person wins, what email address and/or phone number should be used to contact?**

**Please provide a photo if possible. Additional Comments and Supporting Material**

**Submitted by:**       **Date:**

**Phone:**       **Fax:**       **E-mail:**

       (Organization)

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| **Save this form.** Please select **Save As** in the **File** menu. Change the name of the document and select a location to which the document will be saved. Upon completion **save your document** then send your nomination to the **Administration Department** at AAPG Headquarters using one of the following options:  |
| Print your saved document and mail to: **AAPG P.O. Box 979 Tulsa, OK 74101-0979 USA** | Attach your saved document to an email and send to: **nominations@aapg.org** | Print your saved document and fax to: **+1.918.560.2694** |