

The logo features a stylized mountain range in grey above the text. 'GEAR UP' is in blue, 'WEST' is in purple, and '2017' is in purple. A vertical line separates 'WEST' and '2017'. 'Professional of the Year Award' is in black to the right.

**GEAR UP  
WEST | 2017 Professional of the Year Award**

The **GEAR UP West Professional of the Year** is someone who has done exemplary work on behalf of GEAR UP West attending project. Through his or her work with a GEAR UP grant, this person has gone above and beyond normal job duties and has demonstrated the highest degree of professionalism and excellence. This person has a passion for the college access mission and is a highly effective advocate and practitioner for their students.

**Requirements:**

- Employee must be paid 100 percent by the GEAR UP grant.
- Employee must have worked for their current program for a minimum of 3 years.
- Employee has demonstrated the qualities outlined in the description above.
- Nomination must be approved and signed by the State or Partnership Director or designee.
- If the Nominee is a Director, their supervisor must sign the form.

**To Submit a Nomination:**

- Fully complete the fields in the form below
- Send the nomination form as a PDF attachment to Zach Hawkins @ [zhawkins@montana.edu](mailto:zhawkins@montana.edu).
- Questions regarding the nomination process should be addressed to Zach Hawkins@ [zhawkins@montana.edu](mailto:zhawkins@montana.edu) or 406-444-0317.

**The Professional of the Year will be recognized during the GEAR UP West Conference in Portland, Oregon, October 29<sup>th</sup>-31<sup>st</sup>. The Deadline for Submitting Completed Forms is June 30, 2017.**



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**Nominee Information**

1. **Nominee's Full Name** (First, Middle, Last):
2. **Title:**
3. **Number of Years in current position:**
4. **Mailing Address:**
5. **Institution/Organization/Company:**
6. **Phone Number** (Including Area Code):
7. **E-mail Address:**
8. **Name and Address of GEAR UP State or Partnership Project:**
9. **Name of GEAR UP State or Partnership Director or designee:**



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**Nominator Information**

1. Nominator's Full Name:
2. Title:
3. E-mail Address:
4. Phone Number:
5. Institution/Organization/Company:
6. Official Full Name of Your GEAR UP Project (Indicate if it is a State or Partnership Grant):
7. GEAR UP Mailing Address
8. Name of State or Partnership Grant Director or designee
9. Director's E-mail Address
10. Director's Phone Number

**Endorsement**

**This nomination must be approved and signed by the nominee's State or Partnership Grant Director or designee. If the nominee is a Director, their supervisor must approve and sign the nomination.**

**Name, Title of Person Endorsing the Nominee:**

I hereby agree that the nominee is deserving of this award and agree to support their attendance at the 2017 GEAR UP West Conference.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**Written Statement of Nomination**

In the space below (maximum 1-2 pages), please provide additional specific examples, short stories, and other supporting evidence highlighting the nominee's accomplishments and showing why he/she is a deserving candidate for this award. Be sure to focus your written nominations on the qualifications and qualities outlined in the award description. (Goes above and beyond normal job duties, professionalism and excellence, has a passion for the GU mission and is an effective advocate and practitioner)



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Written Statement of Nomination Cont.