SWANA – Georgia Chapter
AWARDS APPLICATION FORM for Solid Waste Professionals

Individual Nominated: ________________________________________________________________

Category (select only one): ___ Outstanding Solid Waste Professional: Private Sector
___ Outstanding Solid Waste Professional: Public Sector

Contact Person Name & Title: __________________________________________________________

Address: __________________________________________________________________________

City, State, Zip/ Province, Postal Code: _________________________________________________

Phone #: ___________________________________ Fax #: _______________________

Email: _____________________________________________________________

Application submitted by (if different than information listed above):

Name: ___________________________________ Phone #: _______________________

Email: _____________________________________________________________

If selected for an award, how would you like the name of the professional to read on the award (limit of 50 characters)? ________________________________________________

Application Checklist (Please make sure the following items are included in your submittal packet):

✓ Award Application Form (This Form)
✓ Executive Summary - two double-sided pages. This award recognizes valuable, and distinguished, contributions to SWANA, the individual's employing organization, and the general public. The summary should explain what the nominee has done to be considered “outstanding” in our field.
✓ Supplemental Material - six double-sided pages. This supplemental material may include press clips, brochures, photographs, letters of endorsement, proclamations, etc.
✓ Up to five photos.
✓ There is NO APPLICATION FEE for Georgia Chapter Award Submittals.
✓ Entries shall consist of ONE electronic copy of your application in a pdf format.
✓ Applications should be mailed to:

SWANA – Georgia Chapter
ATTN: Stephanie Hubbard
823 Prada Court
GA 30043
email: georgiaswana@gmail.com
phone: (770) 822-9308 Lawrenceville,
(770) 822-9308

Release Statement: I certify that the information provided in this application is accurate and correct to the best of my knowledge. SWANA – Georgia Chapter reserves the right to publish the enclosed information. Nominations become the property of SWANA – Georgia Chapter. My signature gives SWANA the right to reprint or make available for purchase any portion of this submittal.

Signature: ____________________________ Date: ____________________________

All Entries Must Be Postmarked by August 31st.
For your convenience, an electronic version of this form may be downloaded at www.gaswana.org