

Indiana INTERNnet IMPACT Awards Nomination Form

Deadline: Friday, November 9, 2012 at 5:00 p.m. | Awards to be presented at the IMPACT Awards Luncheon on February 6, 2013

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 specify by circling one: **high school student, college student** or **non-traditional intern***)

Criteria:

- Contribution to employer's business
- Demonstrated leadership skills
- Professionalism

Name of nominee: _____
Nominee's permanent address: _____
Nominee's city, state, ZIP: _____
Nominee's phone number: _____
Nominee's permanent e-mail: _____

Please describe (in 1,000 words or less) the exceptional contributions this individual made during his/her internship experience.

*non-traditional intern may include non-student or post-graduate

Option #2: Outstanding Career Development Professional Award

Criteria:

- Assistance to employers with the creation or enhancement of internship programs
- Communication with students and employers
- Coaching students on internship professionalism and career development

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: _____

Please describe (in 1,000 words or less) how this staff member makes an impact on student internship opportunities.

Option #3: Outstanding Employer Award

 (please specify by circling one: **for-profit** or **not-for-profit**)

Criteria:

- Innovative approach to an internship program
- Formation of meaningful project work
- Providing student with professional mentor and networking opportunities

Employer/company name: _____
Internship supervisor's name: _____
Employer's street address: _____
Employer's city, state, ZIP: _____
Employer's phone number: _____
Employer's e-mail: _____

Please describe (in 1,000 words or less) how this employer provided a valuable learning experience.

Submit nominations by fax to (317) 264-6855 or e-mail completed nomination form to impactawards@indianachamber.com.



A program managed by
the Indiana Chamber

For Indiana INTERNnet Office Use: Date Received: _____



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