



# Elizabeth Hurlock Beckman Award 2024 Nomination Application Form

The Elizabeth Hurlock Beckman Award honors current or former academic faculty who inspired a former student "to create an organization which has demonstrably conferred a benefit on the community at large" or inspired a former student "to establish on a lasting basis a concept, procedure, or movement of comparable benefit to the community at large." Since 2010, the Elizabeth Hurlock Beckman Award has distributed more than \$3.5 million to 140 professors throughout the United States.

Dr. Elizabeth Hurlock Beckman, a pioneer in the field of psychology and one of the first female psychology professors at Columbia University, authored nine books and textbooks on child and adolescent psychology, championed gender equality, and advocated for the advancement of women in academia.

For more information and instructions on submitting this form as part of the nomination application package, please visit <u>wellsfargo.com/private-foundations/beckman-award-trust</u>. In addition to this Nomination Application Form, supporting materials include, but are not limited to: Cover Letter (optional), Former Student Personal Narrative Part I, Former Student Personal Narrative Part II, and Letter of Support.

All fields are required.

Nominee						
Full Name: (Include designatory letters)						
Position: (Example: Current Dean of Business School, XYZ University or Former CEO of Business Name)						
Retired:	Yes	No				
Phone:			Email:			
Business Address (No post office box, ple						
Street:						
City:			State:	Zip:		

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Home Address					
(No post office box, p Street:	oiease)				
City:			State:	Zip:	
oley.			otate.	<b></b>	
			nt resident alien? ent resident aliens are eligible.		
Yes	No				
Nominator: F	ormer stud	ent			
	0111101 0144				
Full Name: (Include designatory	letters)				
Position: (Example: Current Dean of Business School, XYZ University or Former CEO of Business Name)					
Retired:	Yes	No			
Phone:			Email:		
Business Addres (No post office box, p					
Street:					
City:			State:	Zip:	
Home Address (No post office box, p	olease)				
Street:					
City:			State:	Zip:	

Former student's school information							
Name of post-sec	condary schoo	ol where the N	Jominee tau	ght the for	rmer studer	nt:	
City:	z: State:						
Type of institution (Select one)	n:						
University Other:	College	Communi	ty College	Technic	cal School		
Years the Nomin	Years the Nominee taught the former student:						
Academic or scho	Academic or scholarly discipline the Nominee taught to the former student: (Select one)						
Psychology	Medical	Law	Other:				
Nominator: If	not the form	ner student	t				
Note: While the Nor If the Nominator is I		•	•	•	•		
Full Name: (Include designatory le	etters)						
Position: (Example: Current De	an of Business Sch	nool, XYZ Univers	sity or Former C	EO of Busine.	ss Name)		
Retired:	Yes	No					
Phone:			Email:				

Business Address (No post office box, please)				
Street:				
City:	State:	Zip:		
Home Address (No post office box, please)				
Street:				
City:	State:	Zip:		
Former student's organi	zation, concept, procedure, or m	ovement		
Name of former student's org	ganization, concept, procedure, or move	ement:		
If the former student's organ	ization is a nonprofit public charity, inc	lude EIN #:		
•	ganization, concept, procedure, or move blished March 2019, patent awarded by U.S. Pater			
Which of the following did the (Select one)	ne Nominee inspire the former student t	to do?		
Create an organization t	hat has demonstrably conferred a benefit o	on the community at large.		
Establish on a lasting basis a concept, procedure, or movement of comparable benefit to the community at large.				
Geographic areas served by c	or benefitting from the former student's	organization, concept,		

procedure, or movement:

Population served by or benefiting from the former student's organization, concept, procedure, or movement:
Describe the current and potential impact of the former student's organization, concept, procedure, or movement:  To the extent possible, please include quantitative and qualitative evidence that supports the impact of this work.
(Continue on next page if more room is needed)

(Continued from prior page)					
	• . •				
Certif	ication				
I certify	that the informat	ion on this nomination a	pplication form is true and correct	to the best of my knowledge.	
Nominator:			Date:		
How did you hear about nominations for the Beckman Award? (Check all that apply)					
	Email	Friend/colleague	Past Beckman Award winner	LinkedIn	
	Facebook	Website	Other:		