

**Chicago Regional Section**

**Certificate of Merit Request Form**

**Requestor Information**

Name:

Title:

School:

Street Address:

City, State, ZIP:

Telephone:

Email Address:

Date of Awards Ceremony:

Electronic Copies or Hard Copies:

If Hard Copies, please provide mailing address (if different than above):

**Name and Designation of Award Recipients**

Highest Honor:

Higher Honor:

High Honor:

Name of person nominating Award Recipient(s) (Name to appear on Certificate of Merit):

Please list any other special instructions:

**Please allow 4 weeks to process this request. Submit this form to swecrs.vpoutreach@swe.org**