

# ARTHUR L. SCHAWLOW AWARD CRITERIA

## Objective

To recognize outstanding, career-long contributions to basic and applied research in laser science and engineering leading to fundamental understanding of laser materials interaction and/or transfer of laser technology for increased application in industry, medicine and daily life. Examples of fields of contribution include the following in addition to many relevant topics:

- Laser spectroscopy and its application in materials processing and diagnostics
- Laser-aided materials processing
- Laser interaction with biological tissues
- Development of new lasers

## Eligibility

Nominations are open to candidates who made outstanding contribution to basic and applied research in laser science and engineering. The recipient does not have to be a member of LIA but sustained service to LIA can be one of the additional contributions that is considered for the award. Nominations are active for three years.

## Nature of the Award

The award consists of \$2,000.00, life membership in LIA, a plaque citing the contribution made by the recipient, a silver medal and travel allowance to the award ceremony.

## Selection Procedure

- Any LIA member can nominate.
- The LIA executive committee will review or appoint an awards subcommittee for the nomination review.
- The nominator must document nominee's contribution to the field.
- The nomination should have supporting letters from at least three prominent individuals in the field of laser science and engineering.
- Nomination will stay active for three years.



## NOMINATION FORM (PART 1)

The recipient of the Arthur Schawlow Award in Laser Science and Engineering is an individual who has made outstanding contribution to basic and applied research in laser science and engineering. The recipient does not have to be a member of the LIA but sustained service to the LIA can be one of the additional contributions that is considered for the award.

The nomination must be endorsed by at least THREE prominent individuals in the field of laser science and engineering. (which may include the nominator). Only one of the three sponsors, nominator included, may be from the same institution as the nominee. Please list those who have agreed to be supporting sponsors below.

**Arthur L. Schawlow Award Nomination Form** \_\_\_\_\_

Candidate's Name: \_\_\_\_\_

Candidate's Company Affiliation: \_\_\_\_\_

Candidate's Email: \_\_\_\_\_

Candidate's Telephone: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Nominated by:

Name: \_\_\_\_\_ Company Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_



**First Sponsor:**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Second Sponsor:**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Third Sponsor:**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**PLEASE EMAIL, FAX or MAIL YOUR COMPLETED FORM TO:**



**Laser Institute  
of America**  
*Laser Applications and Safety*

+1.407.380.1553 | [nominations@lia.org](mailto:nominations@lia.org) | fax: 407-380-5588  
13501 Ingenuity Drive, Suite 128, Orlando, FL 32826

## NOMINATION FORM (PART 2)

You are being asked to serve as a supporting sponsor for the candidate below who is being nominated for the Arthur L. Schawlow Award presented by the Laser Institute of America. Your assistance in evaluating this nomination is appreciated.

### Privileged Information:

Candidate's Name: \_\_\_\_\_

How long have you known the candidate or have known of her/his professional activity.

Time In Years: \_\_\_\_\_

Areas in which you feel the candidate has made major contributions to the LIA and the laser community

- ☐ Education
- ☐ Research
- ☐ Business
- ☐ Other: \_\_\_\_\_

Your assessment of the candidate's qualification

- ☐ Exceptionally Well Qualified
- ☐ Well Qualified
- ☐ Marginally Qualified
- ☐ Not Qualified

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Submitted by:

Name: \_\_\_\_\_ Company Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

PLEASE EMAIL, FAX or MAIL YOUR **COMPLETED** FORM TO:



**Laser Institute  
of America**  
Laser Applications and Safety

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