

LIFETIME MEMBERSHIP AWARD
2015-2016 NOMINATION FORM

The DE-DC-MD ASFAA Executive Board invites nominations for the 2015-2016 Lifetime Membership Award. We will recognize the awardee at the fall 2016 DE-DC-MD Conference. Please complete and return the form *by October 24, 2016*.

PLEASE EMAIL, FAX OR SEND YOUR NOMINATIONS TO:

Detra Hooper Howard Community College 10901 Little Patuxent Parkway Columbia, MD 21044 dhooper@howardcc.edu	Return Date: October 24, 2016
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Lifetime Membership Award

The Lifetime Membership Award is the Association's highest level of achievement award. The recipient receives all the benefits of active membership without paying annual dues. At minimum, the following criteria ***must*** be met to receive this award:

1. 20 years of service in the field of financial aid in the DE-DC-MD region.
2. 15 of these 20 years must be as an active volunteer of the DE-DC-MD ASFAA.
3. 5 of these 15 years of service as an active volunteer must be continuous and recent.
4. Must be a DE-DC-MD association member at the time of recognition.

SELECTION PROCESS:

Nominated by: Active member of DE-DC-MD ASFAA
Selected by: Awards and Scholarships Committee
Approved by: DE-DC-MD Executive Board
Awarded at: DE-DC-MD Fall Conference

LIFETIME MEMBERSHIP AWARD NOMINATION FORM – 2015-2016

NAME OF NOMINEE: _____
NOMINEE TITLE: _____ SCHOOL/AGENCY: _____

Please answer the questions below to explain why the nominee is qualified to receive the Lifetime Membership Award. Feel free to use additional space if necessary.

1. Give the number of years of service the nominee has served in the financial aid profession in the DE-DC-MD region: _____
2. Give the number of years of membership the nominee has with the DE-DC-MD ASFAA: _____
3. Is the nominee currently an active member of the DE-DC-MD ASFAA? _____
4. List the committee(s) the nominee has had membership with during his/her years of service with DE-DC-MD ASFAA:

5. Describe how the nominee has provided extraordinary service to the DE-DC-MD ASFAA Association:

Thank you for taking the time to nominate a candidate for this award. Please supply the following information about yourself should the committee require additional information.

Name: _____

Institution: _____

Email address: _____

Phone Number: _____

Date: _____