

SERVICE AWARD NOMINATION FORM- 2015-2016

The DE-DC-MD ASFAA Executive Board invites nominations for the 2015-2016 Service 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 10901 Little Patuxent Parkway Columbia, MD 21044 dhooper@howardcc.edu	Return Date: October 24, 2016
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Service Award – Service to the Profession

The Service Award shall be given annually to a DE-DC MD ASFAA Association member in good standing, who, through active participation on Association Committees or other organized activities, has contributed to the betterment of the Association in one or more of the following ways:

- Increasing member participation
- Enhancing the image of the Association within the financial aid, secondary school, and/or higher education communities
- Promoting professional development of the membership.

The recipient of this award shall not be a current elected official of the DE-DC-MD ASFAA Executive Board. However, Committee Chairs may be nominated.

Selection Process

Nominated by: Active member of DE-DC-MD ASFAA

Selected by: Awards and Scholarship Committee

Approved by: DE-DC-MD ASFAA Executive Board

Awarded at: DE-DC-MD Fall Conference

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

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

1. Is the nominee a current member of the DE-DC-MD ASFAA Association?
Instructions: Current membership can be found by accessing the DE-DC-MD ASFAA web site, www.dedcmdasfaa.org. Go to Member Services and Search Membership Directory.
2. Does the nominee currently serve on a committee?
If yes, please state the committee name:
3. Describe how the nominee has helped to increase membership participation, enhanced the image of the association, and/or promoted the professional development of the membership.

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: _____

