

WVASFAA Lifetime Membership Application

Applicant Information

| | | |
|-----------------------------------|--------|------|
| Name: | | |
| Number of years in WVASFAA: | | |
| Number of years in Financial Aid: | | |
| Current Address: | | |
| City: | State: | ZIP: |

Employment Information

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|-------------------|---------|-----------|
| Current Employer: | | |
| Employer Address: | | How long? |
| Phone: | E-mail: | |
| Fax: | | |
| Position: | | |

Contributions to the Financial Aid Profession

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| What major contributions has this person made to the Financial Aid Profession? | | |
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Reasons for consideration

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| Please list your reasons why this person should be considered for a lifetime membership: | | |
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Please send this form to: WVASFAA Current Nomination Chair

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|------------|-------|
| Signature: | Date: |
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Recommendations for
WVASFAA Lifetime Membership

- 1. Applicant must have made a major contribution in the field of Financial Aid**
- 2. Applicant must have had some connection with WVASFAA and shown exemplary service to the Association**
- 3. Application must be approved by the Executive Committee**
- 4. Vote will be conducted by secret ballot of the Executive Committee**