

**LIFETIME MEMBERSHIP AWARD**  
**NOMINATION FORM**

The DE-DC-MD ASFAA Executive Board invites nominations for the 2006-2007 Lifetime Membership Award. We will recognize the awardee at the fall 2006 DE-DC-MD Conference. Please complete and return the form **by October 4, 2006**.

**PLEASE SEND YOUR NOMINATIONS TO:**

Ms. Vicki Smith Student Financial Aid Office Allegany College of Maryland 12401 Willowbrook Road Cumberland, MD 21502 FAX 301-784-5010	<b>Return Date:</b> <b>October 4, 2006</b>
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***Lifetime Membership Award***

The Lifetime Membership Award is the Association's highest level of achievement award and will usually be presented to an individual upon retirement. The recipient receives all benefits of active membership without paying annual dues. The following criteria **must** be met to receive this award:

- The nominee must have at least twenty (20) years of service in the field of Student Financial Aid in the DE-DC-MD ASFAA
- The nominee must have been an active volunteer in the Association for at least fifteen years; five (5) of the years need to be continuous and recent
- The nominee must be an Association member at the time of recognition
- The nominee must have provided extraordinary service to the Association

The recipient of this award should not be a current Executive Board officer. Committee chairs are eligible for nomination.

LIFETIME MEMBERSHIP AWARD NOMINATION FORM

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

1. Give the number of years of service the nominee has served in the financial aid profession: \_\_\_\_\_
2. Give the number of years of membership the nominee has with the DE-DC-MD ASFAA:  
\_\_\_\_\_
3. Please list the committee(s) the nominee has had membership with during his/her years of service with DE-DC-MD ASFAA: \_\_\_\_\_
4. Describe in five (5) sentences **how the nominee has provided extraordinary service** in the DE-DC-MD ASFAA:  
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5. Is the nominee currently an active member of the DE-DC-MD ASFAA?  
 Yes  No

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

Name: _____ (Print or type)	_____ (Signature)
Institution: _____	Phone Number: _____
Email address: _____	Date: _____