

MARILYN BROWN PROFESSIONAL EXCELLENCE AWARD
NOMINATION FORM

The DE-DC-MD ASFAA Executive Board invites nominations for the 2006-2007 Service 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	Return Date: October 4, 2006
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Marilyn Brown Professional Excellence Award

This award shall be presented annually to a financial aid professional who meets the following criteria:

- A minimum of five years of service in the financial aid profession
- Dedication to serving students and the profession in adverse situations
- Professional ethics of the highest caliber
- Contributions to the student, school, or professional association

MARILYN BROWN EXCELLENCE AWARD NOMINATION FORM

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

1. Please explain why the nominee is qualified to receive the Marilyn Brown Professional Excellence Award:
2. List the number of years of service the nominee has served in the financial aid profession. _____
3. List the number of years of service the nominee has been in the DE-DC-MD region. _____
4. Describe in three (3) sentences the nominee's dedication to serving students.

5. Describe in five (5) sentences one adverse student situation where the nominee went above the call of duty to provide exceptional service to the student.

6. Describe in three (3) sentences how the nominee possesses a high caliber of professional ethics and include one example.

7. Describe in three (3) sentences one example of the nominee's contributions to students, his/her institution, or the DE-DC-MD ASFAA.

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: _____ (Print or type) _____ (Signature)

Institution: _____ Phone Number: _____

Email address: _____ Date: _____