



2023 AASAP Officer Nomination Form

Please be sure to enclose a letter of intent & a signed letter of support from your supervisor. Submit nomination(s) NO LATER THAN September 30, 2023.

CANDIDATE INFORMATION

Name:

Title:

E-Mail:

Institution:

TRIO Program Affiliation:

Address:

Phone:

Professional Years w/ TRIO:

Years w/ AASAP:

Highest Degree Earned: _____
Degree Institution Date Conferred

Previous Leadership Experience:

Goals statement (What does the nominee wish to accomplish if elected?)



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POSITION INFORMATION

Specific information can be found in the AASAP Constitution/By-Laws (available at www.aasap.wildapricot.org). Please indicate below the position for which you are declaring candidacy:

- President-Elect (1 year term as President-Elect, followed by 1 year term as President, and then a 1 year term as Past-President)
- Secretary (2 year term; 1 available position)
- Treasurer (2 year term; 1 available position)
- SWASAP Rep (2 year term; 1 available position)
- AASAP Rep (1 year term; 2 available positions)

Please complete the survey that follows

- | | | |
|--|----------------------------|----------------------------|
| I am aware of the responsibilities of my declared position. | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| I have the support of my supervisor and/or director. | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| I will be available and willing to travel to state, regional, and national meetings required by my position. | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| I have been a paid AASAP member since at least 10/1/2022. | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| I have paid or plan to pay my 2023-2024 AASAP dues by 10/1/23. | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| I have been a paid SWASAP member since at least 11/12/2022. | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| I have paid or plan to pay my 2023-2024 SWASAP dues by 11/1/23. | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| I have attended at least one AASAP and one SWASAP conference. | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| I have chaired at least one AASAP Committee. | <input type="checkbox"/> Y | <input type="checkbox"/> N |

I have read all the requirements to the position I am running for, and I am able to perform all duties listed. To my knowledge all AASAP & SWASAP dues have been paid and my membership is active.

Nominee's Signature: _____ Date: _____

Submit nomination(s) NO LATER THAN September 30, 2023
to: Evelyn Fuller
E-mail: efuller@uark.edu