 **Candidate Information:**

# SWASAP 2018

# OFFICER NOMINATION FORM

**Position Seeking:** € President-Elect € Treasurer

|  |
| --- |
| Name: Title: |
| TRIO Program: Institution: |
| E-Mail: Phone: |
| Address: |
| Professional Years w/ TRIO: Years in SWASAP: |
| TRIO Supervisor Approved Candidacy: € Yes (Letter of Support Attached) € Not Applicable |
| Institutional Supervisor Support: € Yes (Letter of Support Attached) |

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 SWASAP and state association dues have been paid and my membership is active.

Nominee’s Signature: Date:

**Nominator Information:**

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| --- |
| Name: Title: |
| E-Mail: Phone: |
| Address: |

Completed nomination packet must include: € Nomination Form € Letter(s) of Support

€ Candidate’s Resume € Candidate’s Photo

**Submit nomination(s) NO LATER THAN October 5, 2018 to:**

Alfred Bacon, Nominations and Elections Chair  
Phone: (832)689-6348 Fax: (713)315-6404 E-mail: SWASAP.Elections@gmail.com