Texas Higher Education Coordinating Board
Texas Application for State Financial Aid (TASFA)
Advisory Committee Nomination Form

NOMINEE CONTACT INFORMATION

Courtesy Title None

First Name ***Last Name***

Primary

Phone ***ext.***

Email

Address

City TX **Zip Code**

Nominee will serve as a representative for Financial Aid Personnel - 2 yr Public College

Position/Title

Organization

Organization Type 2-Yr Public College

NOMINATOR'S CONTACT INFORMATION

The individual making the nomination must have authority to approve the nominee's participation on the committee; including time away from the office and expenses.

First Name ***Last Name***

Institution/District/Organization

Nominator Position/Title

Email ***Phone*** ***Ext.***

Please provide a brief summary of the reasons you believe the nominee is particularly well suited to serve on the TASFA Advisory Committee (character limit 1,250)

In the event that this nominee is selected for the TASFA Advisory Committee, my district/institution/organization agrees to provide appropriate time and travel support. By signing, I agree to provide support for the nominee to attend committee meetings.

_____ _____

Signature of Designee (required) Date

Nomination forms are due no later than February 28, 2020

E-mail completed form to: applytexasapplication@thecb.state.tx.us