

2021-2022 Leadership Education for Association Professionals (LEAP) for Emerging Leaders

Thank you for your interest in the LEAP Program. FASFAA is committed to providing opportunities of professional growth and education to its financial aid administrators (FAA). To be considered for this program, please complete this form. Once finished, email your form and your resume to Kamia "Mia" Mwango at Kamia.Mwango@sfcollege.edu

Participant Information

Name: _____ Institution: _____

Title: _____ Focus: _____

Years as a FAA: _____ Years as FA supervisor: _____

Career Goals: _____

What do you hope to learn / gain from your participation in the LEAP Program? _____

To participate in this program, you must have approval from your supervisor as the meetings and activities take place during work hours. You must also commit to participate and engage in LEAP meetings and activities.

Supervisor Approval

Please have your supervisor complete the information below to confirm approval of your participation.

By signing this form, I confirm my approval for _____ to participate in the LEAP Program.
Name of Employee

Name Title Date Signature

Participant Commitment

Please complete the information below to confirm your commitment to the LEAP Program.

By signing this form, I confirm my commitment to participate and engage in the LEAP meetings and activities in the LEAP Program.

Name Date Signature