ILASFAA Leadership Retreat


Due February 17, 2023

The ILASFAA Leadership Retreat represents an exceptional professional development opportunity for those seeking advancement and leadership training in the financial aid profession. Application to the ILASFAA Leadership Retreat is open to ILAFSAA members, seeks representation from a cross-section of the Association with diversity and balance in areas such as institution type and individual attributes. Participants will be selected by the Leadership Committee based upon the following considerations:

- Applicant’s merits as presented in the application materials and supporting documents
- Evidence of commitment to the profession of financial aid
- Have at least one year of financial aid experience
- Expressed desire to pursue involvement in ILASFAA board and other professional development activities
- Evidence of full support and recommendation to the program from the applicant’s supervisor

Those selected to participate are required to attend the Leadership Retreat, held in Springfield, Illinois, April 18-20, 2023.

ILASFAA will cover lodging, meals, and the expenses for the retreat. Travel/parking will not be covered and the responsibility of the participant or their school.

Class size will be limited.

Application is due February 17, 2023. Notification will be made by March 10th, 2023.

Completed applications may be submitted via email or regular mail to:

Michelle Cornell
Illinois State University
Campus Box 2320
Normal, IL 61790
mmcorne@ilstu.edu
Personal Data (please type or print)

1. Name: _______________________________________________________________
2. Occupation/Title: ______________________________________________________
3. Organization: __________________________________________________________
4. Mailing Address: _______________________________________________________
5. Home/Cell Phone: ______________ Work Phone: ________________________
6. Email Address: ________________________________________________________
7. Do you require any special accommodations? _____________________________
8. Do you have dietary restrictions? _________________________________________
9. Unisex Jacket Size _____________________________________________________

Professional History

1. Years in a professional position: _________________________________________
2. Years in Financial Aid: _________________________________________________
3. Years as a member of ILASFAA: _________________________________________

Leadership

Answer the following questions using no more than two pages. Please number and restate each question on your answer sheet. Use as much space for each question as needed, but do not exceed the total of two pages. Please put your name at the top of each page. Please do not submit a standard resume.

1. Please explain your interest in ILASFAA Leadership detail your expectations of the program. Please also tell us why you should be selected as a participant for this program.

2. Describe your current position and provide specific job responsibilities. Discuss your current skill set and indicate how you wish to learn and grow either within your current position or beyond. What aspects of professional development most interest you?

3. Please list and describe your current involvement with ILASFAA. Additionally, please indicate your future aspirations regarding ILASFAA involvement.
Statement of Commitment

1. Applicant: I understand the participation requirements and commitment required for ILASFAA Leadership Development program. If selected, I will devote the time and work necessary to meet my leadership goals and the goals of the program.

   Institution Name: _______________________________________________________
   Applicant Name: _______________________________________________________
   Applicant Title: _______________________________________________________

   Applicant Signature

2. Employer: This candidate has my full support to participate in the ILASFAA Leadership Development program. I am aware of the time commitment involved in his/her effective participation and I agree to support him/her in work release time and with financial resources.

   Institution Name: _______________________________________________________
   Supervisor Name: _______________________________________________________
   Supervisor Title: _______________________________________________________

   Supervisor Signature and Authorization to Participate