NYSFAAA DATA FORM

BACKGROUND:

Name: _____ Region: _____

Institution: _____ NYSFAAA Member since: _____

Years in Financial Aid: _____ + _____ = _____
Clerical Position Professional Position Total

Financial Aid Positions(s) held: _____

_____

REGIONAL LEVEL WORK

Offices held	Year(s)

Other Service	Year(s)

STATE LEVEL WORK

Offices held	Year(s)

Other Service	Year(s)

FEDERAL LEVEL WORK

Please list any NYSFAAA work conducted at the regional or federal levels: _____

_____

_____

_____

_____

Please return the completed form to:

Kathy Flaherty, State Awards Chair
Financial Aid Office, SUNY Oswego
Route 104 West, Oswego, New York 13126