Statement of Candidate Support
Delegate, Three-year term: 2021-2024

Service as a INACAC Delegate provides opportunities for individual professional growth, in addition to regional and national visibility for the employing institution. Leadership in the INACAC requires a significant commitment of time and energy from each member elected as a delegate and support from their institution. The member's home institution will need to permit time away from professional responsibilities to participate in the national conference Assembly, attend meetings in Indiana as needed, and participate in preparation calls.

Delegates are expected to attend meetings that are deemed necessary by the President to appropriately conduct the business of the Association. Delegates are expected to attend the annual state conference. They are also required to be a member of the National Association for College Admission Counseling and attend NACAC's annual meeting each year.

To formally accept your nomination for this position, and to be eligible to stand for election, please affirm that you understand the above mentioned responsibilities and agree to abide by these expectations if you are elected as a delegate for INACAC. Your supervisor should review and complete the bottom portion of this form. The completed form, with signatures, should be sent to Karen Matthews, Nominations Committee Chair, via email at kmatthews@bgcs.k12.in.us or fax to 317-781-2920

For the candidate:

I understand that serving as a delegate for INACAC will require a commitment of time and talents. I agree with the above statement and will, if elected, make the necessary commitments of time and energy to fulfill my obligation.

_____ _____
Name (Printed) Institution

_____ _____
Signature Date

For the candidate's immediate supervisor:

I support the candidacy of _____for a position as INACAC Delegate and will support the time commitment necessary if they are elected for a term of office. I understand this term is a three-year term. I am aware that, as a membership organization, INACAC appreciates the financial support board member's institutions provide when possible; I will support costs incurred by board members in the execution of their duties. When additional costs are incurred not covered by our institution, I understand these will be covered by INACAC in accordance with the INACAC Fiscal Policy found at: http://iacac.net/Policies-&-Information.

_____ _____
Name (Printed) Institution

_____ _____ _____
Signature Title Date