



Statement of Candidate Support
Vice Treasurer/Treasurer, Three-year term: 2020-2023

Service as an INACAC Vice-Treasurer/Treasurer 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 a member elected as a treasurer and support from their institution. The member's home institution will need to permit time away from professional responsibilities to participate in national and state conferences and training, attend training meetings in Indiana as needed, and participate in preparation calls.

The Vice-Treasurer/ Treasurer, is expected to attend meetings that are deemed necessary by the President to appropriately conduct the business of the Association. The Vice-Treasurer/Treasurer is 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 appointment, please affirm that you understand the above mentioned responsibilities and agree to abide by these expectations if you are appointed as a Treasurer for INACAC. Your supervisor should review and complete the bottom portion of this form. The completed form, with signatures, should be submitted to Mona Bowe, Nominations Committee Chair, via fax to 574-284-4841, ATTN: Mona Bowe, or emailed to mbowe@saintmarys.edu.

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For the candidate:

I understand that serving as a Vice Treasurer/Treasurer 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

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For the candidate's immediate supervisor:

I support the candidacy of _____ for a position as INACAC Vice Treasurer/Treasurer 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