Save the completed report using title and date (*example: WASFAA\_StatePres\_Oct\_2.doc*). Submit your report via email to the WASFAA Executive Council listserv.

| Quarterly WASFAA State President Report | | | | |
| --- | --- | --- | --- | --- |
| Executive Council Meeting Date | |  | | |
| Executive Council Meeting Location | |  | | |
|  | |  | | |
| State President Information | | | | |
| State Represented: | |  | | |
| State President *(Name, Place of Employment)* | |  | | |
|  | | | | |
| Current State Executive Council Members & Committee Chairs *(Only need to update after first submission if changes have occurred..)* | | | | |
| Name, Position Held, Place of Employment)  *Please place an asterisk next to those you would especially recommend for possible WASFAA service in the future.* | |  | | |
|  | | | | |
| Your State President Goals as a Voting Member on E.C. | | | | |
| Strategic Plan Goals that are being met *(check all that apply)* | | | |  |
| Goal 1: Increase the size and engagement of the WASFAA membership. | | | |  |
| Goal 2: Improve the Association’s operational efficiencies and fiscal controls to achieve a balanced operating budget without the use of asset reserves or carry-forward monies. | | | |  |
| Goal 3: Provide optimally effective training and professional development opportunities that are responsive to member needs. | | | |  |
| Goal 4: Collect, and then communicate to appropriate decision-makers, the public policy positions of WASFAA region financial aid administrators; provide members with the support and education they need to further their own advocacy efforts. | | | |  |
| Your State President Goals*(Include progress toward goals and measurement of success.)* | |  | | |
|  | | | | |
| Summary of your State activities that might be of particular interest to the WASFAA Executive Council. | | | | |
| (This might include important state association information that the WASFAA President could highlight in their report to the NASFAA Board; any special state of the state info; any significant changes in state financial aid programs; any particular issues and concerns from your state that you would like the WASFAA E.C. to assist with or address; etc.) | | | | |
|  | | | | |
| Measures Tracking Tool Data Collection Information *(Include required Measures Tracking Tool data collection information to help determine progress toward WASFAA Strategic plan goals/activities related to your specific State President Goals. See Appendix D of the current WASFAA Strategic Plan for guidance.)* | | | | |
|  | | | | |
|  | | | | |
| Calendar of Planned Training Events for your State Association *(Please list any future state training activities for which the WASFAA Executive Council should be aware; please include your state’s next annual conference.)* | | | | |
| Date | Description | | Location | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |