



**Institutional Selection Form**

**WASEA Student Employee of the Year**

Student Name: \_\_\_\_\_

Campus/Student ID # \_\_\_\_\_

Student's Permanent Address: \_\_\_\_\_

Student's Local Address: \_\_\_\_\_

Institution: \_\_\_\_\_

WASEA Member: \_\_\_\_\_

Member's Office: \_\_\_\_\_

Member's Address: \_\_\_\_\_

Institution's President: \_\_\_\_\_

President's Address: \_\_\_\_\_

Enter the total number of nominations received by your office \_\_\_\_\_. This form must be received electronically by your State Liaison no later than March 1, 2019. Check the WASEA website at [www.wasea.org](http://www.wasea.org) for information on your current State Liaison.