



Vocational Evaluation &
Career Assistance Professionals
Applications due November 2, 2026

VECAP

Student Member

PROGRAM

APPLICATION

APPLICANT INFORMATION

Name: _____ Date: _____

Email Address: _____ Phone Number: _____

Graduate Program / Major: _____ University Attending: _____

Current Mailing Address: _____

Year of Graduation: _____



WHY DO YOU WANT TO PARTICIPATE IN THE VECAP STUDENT MEMBER PROGRAM?

Please describe your goals, interests, and how participation in VECAP will help you grow professionally.

COMMITTEE INTEREST

Please select only two committees of interest.



☐ Education



☐ Advocacy



☐ Standards



☐ Forum
Planning



☐ Membership



☐ Communications



PROGRAM EXPECTATIONS

- ☒ Complete this application and an interview with VECAP committee coordinators.
- ☒ Attend ALL 12 committee meetings during the program year.
- ☒ Attend at least 2 board meetings during the program year.
- ☒ Receive money toward conferences.
- ☒ Present a VEW, lead a case study club, or submit a journal article.

☐ I understand and agree to the expectations of the VECAP Student Member Program.

Applicant Signature

Date



INVEST IN YOUR FUTURE.

Build connections. Gain experience.
Make a difference.



QUESTIONS & APPLICATIONS

Email completed applications or
questions to:
vecapoffice@gmail.com

*Learn.
Connect.
Lead.
Thrive.*