

THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL

**Recommendation for
The Alpha Kappa State Achievement Award**

1. Name of person recommended:

Dr.

Miss

Mrs.

Ms.

Given Name

Middle Initial

Last Name

2. Address of person recommended

Street and Number

RR#/Box

City

State

Zip Code

Telephone Number

3. Chapter(s) Achievements:

4. Name of Chapter presently a member of

5. Date of Initiation into Delta Kappa Gamma

6. State achievements undertaken

7. International involvement

8. Rationale for recommendation

9. Signatures:

Individual recommending members:

Name _____	Chapter _____	Date _____
Name _____	Chapter _____	Date _____
Name _____	Chapter _____	Date _____

Recommendation by majority of members present at a chapter meeting:

Chapter _____ President _____ Date _____

Other chapter endorsing recommendation:

Chapter _____	President _____	Date _____
Chapter _____	President _____	Date _____
Chapter _____	President _____	Date _____

Note: These endorsements may be attached or sent directly to the Alpha Kappa State Second Vice President:

Mrs. Carol Kraus
151 Atwoodville Road
Mansfield Center, CT 06250-1148
(860) 429-4501
{Yveskraus@earthlink.net}

Reminder: Endorsements must be postmarked no later than January 1.

For Chapter Use Only:

Date Received _____ Chairperson _____

