THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL

The Alpha Kappa State Achievement Award Nomination Form

Qualifications of Nominees:

A posthumous award may be given to a deceased member's family or chapter if a deceased member has

- Significant contribution to Delta Kappa Gamma. (Chapter, State, and International)
- Active in Alpha Kappa State.

Telephone Number:

- Active in Chapter for at least ten years.
- Has held a state office or has been a state committee chair.
- Attends some Regional Conferences and International Conventions.

met the above criteria. Nominee's Name: Traditionally members are not informed that they have been nominated. If chosen to be an award recipient, the honoree is notified by the Achievement Award Chair and the chapter is informed that the nominee has been selected. Procedure Either part a. or part b. needs to be completed. Rationale for Recommendation sheet is attached. a. If this candidate was nominated by an individual, this individual and two others need to write a rationale for recommendation. Signed rationales must be presented to the nominee's chapter for endorsement. 1. Individual nominating the member:_____ This individual and the following two members each need to write a rationale for recommendation. 2. Name: _____ Chapter: _____ 3. Name: _____ Chapter: _____ b. If this candidate was nominated by a chapter, a simple majority of those present is required. After chapter vote, the member's chapter and at least two other chapters must write a rationale for endorsement. President's name Chapter 2. _____ Additional endorsements may be included The Nominee's chapter needs to complete the following information. 1. Name of person recommended: Title Given Name Middle Initial Last Name 2. Address of person recommended: Street and Number: P.O. Box: Zip Code: City, State

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	Date of Initiation into Delta Kappa Gamma:		
Э.	Chapter Achievements / Dates achieved:		
6.	State involvement and achievements / Dates:		
•	Include conferences and conventions attended, com	mittee membership, positions	held as an officer or
	committee chair, conference or workshop presentat	ions, scholarships received.	
7.	International involvement and achievements: / Date		
	Include Regional Conferences and International Co		
	or convention presentations, Leadership training, G	olden Gift training, scholarshi	ps received.
Q	Endorsament of member's chanter		
0.	Endorsement of member's chapter President's signature:	Chapter:	Date:
	resident s signature.	Chapter.	Bute.
	ote: Application and rationales for endorsements should b		
	d must be postmarked no later than January 1, 2015. Non e closing postmark date of January 1, 2015 will not be		e Forms received after
LII	e closing postmark date of sandary 1, 2013 will not be	tonsidered.	
Deborah Soresino 323 Upper Grassy Hill Rd. Woodbury, CT 06798			
	(203)263-0821		
	dsoresino@gmail.com		
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D	ate Received	Form	Revision 9-14

THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL The Alpha Kappa State Achievement Award

Rationale for Recommendation

Qualifications of Nominees:

- Significant contribution to Delta Kappa Gamma. (Chapter, State, and International)
- Active in Alpha Kappa State.
- Active in Chapter for at least ten years.
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Using the above criteria, explain why you (or your chapter) are recommending this member to be a nominee for the Alpha Kappa State Achievement Award. Include evidence of the nominee's commitment and contributions to the seven purposes of Delta Kappa Gamma, pertinent information related to a position she held or work she has undertaken at the Chapter, State, and International levels and any other pertinent information related to the qualifications.

Each rationale should be written on a separate sheet of paper.

Please include the following information at the head of each recommendation.

Name of the award: Alpha Kappa State Achievement Award

Nominee's Name

Name of person and/or chapter writing recommendation

Date

Signature of person writing the rationale

All information on the candidate must be postmarked or sent electronically to Alpha Kappa State 2nd Vice President by January 1, 2015. Nomination Forms and Rationale Forms received after the closing postmark date of January 1, 2015 will not be considered.

Deborah Soresino 323 Upper Grassy Hill Rd. Woodbury, CT 06798 (203)263-0821 dsoresino@gmail.com