**Rules**

* Chapter dues must be paid in order to qualify for this award.
* Entries must be postmarked no later than March 1st. Mail entries to:

Diana Cohen ● 4001 Delaware Dr ● Lagrange, KY 40031

Chapter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter Number \_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yrs. Of Service \_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Jewel Pin Members as of March 1st \_\_\_\_\_\_\_\_\_\_

Number of Pledges \_\_\_\_\_\_\_\_\_\_

Total Number of Members \_\_\_\_\_\_\_\_\_\_

1. Attendance: (Number Attending)

State Convention \_\_\_\_\_ Fall Board \_\_\_\_\_ ESA Leadership Conference \_\_\_\_\_

SERC Conference \_\_\_\_\_ IC Convention \_\_\_\_\_ Other State Meetings \_\_\_\_\_

1. Membership

Did the Chapter have an event where potential members were the focus? \_\_\_\_\_

Number of New Pledges Pledged \_\_\_\_\_ Number of Legacies \_\_\_\_\_

Number of Members Reinstated \_\_\_\_\_ Number of DESA’s \_\_\_\_\_

Was a Traditional Community Chapter Organized \_\_\_\_\_

Indicate Chapter Name, Chapter Number, and Charter Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Chapter Activities

Has the chapter had an Executive or Planning Meeting where all officers and

chairs were informed of their duties? \_\_\_\_\_\_\_\_\_\_\_\_\_

Did your chapter have socials? \_\_\_\_\_ How many? \_\_\_\_\_

Did your chapter have at least sic (6) Educational Programs? \_\_\_\_\_

What % of members presented Educational Programs? \_\_\_\_\_

1. Philanthropic (Hours & Monies)

Give brief description of projects. Use additional sheets if needed.

|  |  |  |
| --- | --- | --- |
| **Name of Each Project** | **Hours** | **Money Raised** |
| Chapter Projects: |  |  |
| State Projects: |  |  |
| IC Projects: |  |  |
| Disaster Fund: |  |  |
| ESA Foundation: |  |  |
| Extra Activities: |  |  |

1. Chapter

Write a short essay or paragraph on “What our chapter does to promote educational, service, and association within our chapter and its members”.

Form Completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_