Quality Chapter Award Application

Chapter Name: ______________________________________________________________

School: ___________________________________________________________________

☐ Our Chapter elected a President, Vice-President, Secretary and Treasurer on
   ______________________________________.  
   DATE

☐ Our Chapter fully completed the Officer form and submitted it electronically to
   even@sigmagammaepsilon.com on ______________________ (due November 15th).
   DATE

☐ Our Chapter conducted a fall initiation and submitted fully completed the New Initiate form
   electronically to even@sigmagammaepsilon.com on ______________________ and sent a
   paper copy with initiate fees and dues to the national office (both due November 15th). The paper
   copy and fees were postmarked ______________________.
   DATE

☐ For returning members, our Chapter submitted a fully completed Returning Member form
   electronically to even@sigmagammaepsilon.com on ______________________ and sent a
   paper copy with initiate fees and dues to the national office (both due November 15th). The paper
   copy and fees were postmarked ______________________.
   DATE

   Please note that there are NO partial dues for returning members.

☐ Our Chapter conducted a spring initiation and submitted fully completed the New Initiate form
   electronically to even@sigmagammaepsilon.com on ______________________ and sent a
   paper copy with initiate fees and dues to the national office (both due April 1st). The paper copy
   and fees were postmarked ______________________.
   DATE

☐ Our Chapter submitted the correct amount of dues (and initiate fees if applicable) in one
   check).
☐ Our Chapter’s Advisor is a dues-paying SGE Associate Member or Active SGE Alumni Member or a Life Member of the Society (please circle the appropriate status).

☐ Our Chapter submitted an application for a Tarr Award on ______________________
(online or postmarked by April 1st).

☐ Our Chapter completed one or more service projects during the academic year (August 15th – May 15th) resulting in a minimum average of 2 volunteer hours per member (based on the number of fall returning members and new initiates) in which participants were dues paying members at the time of the service project. A Service Project form has been completed for each project done and submitted on ______________________
to even@sigmagammaepsilon.com (due May 31st).

If applicable, additional service projects were submitted on:

_______________________ _______________________
DATE                 DATE
_______________________ _______________________
DATE                     DATE
_______________________ _______________________
DATE                     DATE

Our Chapter met all of the above qualifications and qualifies for the Quality Chapter Award.

Advisor signature: ________________________________________________________________

Chapter President Signature: ______________________________________________________

Please submit completed form with signatures by May 31st to:

Sigma Gamma Epsilon
P.O. Box 506
Gilbertville, IA 50634