

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
DATE
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
DATE
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
DATE
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 _____
DATE
(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
DATE
(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