

2007 Greek Awards and Annual Report

All fraternities and sororities are *required* to complete the Greek Awards Application and Annual Report. The applications will be evaluated by a selected group of impartial judges who include, but are not limited to, ASU staff and community leaders.

This year, awards will be given based on chapter size not council affiliation. This will allow for a more accurate comparison of organizations when judging the documents. The categories are 3-20 members, 21-60 members, 61-90 members and 90+ members. Chapter of the Year will still be awarded to one group from each council.

Chapters may also be recognized as *Pillars of the Community* for their overall performance and accomplishments. In order to be recognized as a *Pillar*, chapters must be in good standing with Arizona State University, Fraternity & Sorority Life and their respective council. Pillars of the Community must have achieved 80% of the total possible points for maroon level or 90% of the total possible points for gold level.

Please pay careful attention to the following:

- **Submit 2 copies, in 3-ring binders, of your completed application.**
- **The application/report MUST be reviewed and signed by the chapter adviser and an officer of your chapter.**
- **Late applications will see a 5 point reduction for every 15 minutes they are late. This deduction in points will be from the Chapter Management section. No applications will be accepted after 1pm.**
- **Applications should be 12 point, Times New Roman Font with 1 inch margins. Applications should be double spaced.**
- **Page limits are outlined in each section of the application and should not be exceeded. Additional pages will be discarded. Please note that the longest the application should be is 25 single-sided pages including the application pages, additional pages and if applicable, attachments.**
- **No additional documentation is required for this document. DO NOT include additional documents, policies or any other attachment. ALL additional pages will be discarded and not submitted for judging.**
- **The application/report documents chapter performance from December 2006 through December 2007.**

DUE DATE

November 30, 2007 at noon in the Office of Fraternity & Sorority Life
No applications will be accepted after 1pm.

Signature Page

Chapter Advisor Statement

I have reviewed this application/report and believe all the information contained to be truthful.

Chapter Advisor Signature _____

Date _____

Chapter Advisor Name _____

Chapter Officer Statement

I have reviewed this application/report and believe all the information contained to be truthful.

Officer Signature _____

Date _____

Officer Name _____ Officer Position _____

Academic Excellence Award

Responses to this section are limited to two pages single sided in addition to the front side of this page and an attached scholarship plan if applicable.

1. Spring 2007 chapter GPA _____ Fall 2007 chapter GPA _____
2. Chapter GPA exceeds the All Men's (2.86 GPA for fraternity chapters) or All Women's (3.05 GPA for sorority chapters) for both the spring and fall semesters. YES / NO
3. Chapter GPA exceeds the All-Undergraduate GPA (2.95 GPA) for both the spring and fall semesters. YES / NO
4. Chapter has a written scholarship/academic program used for all members. YES / NO
If yes, please attach the plan/program.
Is the program approved by an adviser, regional or national team? YES / NO
5. Chapter has appointed/elected scholarship/academic officer. YES / NO
Name of officer _____
Email _____
Signature of scholarship officer _____
6. Chapter enforces a minimum GPA to be a member in good standing. YES / NO
List minimum GPA to be a member in good standing. _____
7. Chapter enforces a minimum GPA to hold office. YES / NO
List minimum GPA to hold an office. _____
8. Chapter has an **active** advisor that helps create and implement the chapter's academic program. YES / NO
Please describe how advisor is utilized.
Advisor name _____ Email Address _____
9. Does your chapter provide scholarships or incentives for your members' high academic performance or academic improvement? YES / NO
If yes, please describe including names of recipients and who selects the recipients.
10. Study hours are utilized. YES / NO
If required, how are study hours accounted for/verified?
11. Does your chapter utilize the following?
Tutorial services YES / NO
ASU's Learning Resource Center or other academic support programs. YES / NO
13. Does your chapter provide a scholarship plan for members in poor academic standing?
YES / NO If yes, please provide a brief description.

Excellence in Community Service

***Responses to this section are limited to three pages single sided or one page double sided
for all questions in addition to the front side of this page.***

1. Spring 2007

Total number of community service hours donated as a chapter _____

(This should include both individual and chapter hours)

Total number of chapter members _____

List on separate page organizations where community service hours were donated:

Fall 2007

Total number of community service hours donated as a chapter _____

(This should include both individual and chapter hours)

Total number of chapter members _____

List on separate page organizations where community service hours were donated:

2. Spring 2007

Total dollars donated to philanthropic beneficiary _____

Total number of chapter members _____

List on separate page organizations where money/goods were donated:

Fall 2007

Total dollars donated to philanthropic beneficiary _____

Total number of chapter members _____

List on separate page organizations where money/goods were donated:

3. Please describe ONE chapter sponsored/co-sponsored service project/philanthropy event for the evaluation period. Describe the project, location, number of members involved, amount of money/service hours/goods donated, and its effectiveness.

4. Does your chapter perform services or participate in initiatives that directly benefit ASU and/or ASU students? If so, please list and describe your chapter's involvement.

Outstanding Risk Management Program

Responses to this section are limited to two single sided pages or one double sided page in addition to the front of this page and an attached risk management plan if applicable.

1. Chapter has a functioning standards board/internal judicial process. YES / NO
If yes, name your judicial officer _____
Member judicial officer's signature _____
2. Chapter educates members each semester on topics such as social misconduct, hazing and drug/alcohol abuse policies. YES / NO
3. Chapter conducts/attends at least one risk management program/workshop each semester with at least 80% attendance. YES / NO
List event here _____
4. Chapter has NOT been found responsible for violating any ABOR Student Code of Conduct, local, state or federal policies. YES / NO
5. Does chapter have a current crisis management plan? YES / NO
If yes, attach crisis management plan.
6. How many non-alcoholic *social* events did your chapter hold each semester? _____
7. Describe your risk management program. Responses should include ALL of the following aspects of risk management: health, safety, alcohol, drugs, fire safety, sexual abuse, harassment, social events, hazing and housing (if applicable).

Excellence in Chapter Management

Responses to this section are limited to one single sided page in addition to the front side of this page and one agenda attachment if applicable.

Finances

1. Chapter has an operating budget. YES / NO
 Finance officer's name _____ Signature _____
2. Chapter has paid dues on time to their governing council. YES / NO
 Signature of IFC/PAN/NALFO/MGC/NPHC finance officer _____
3. Chapter has an **active** advisor that helps oversee the chapter's finances. YES / NO
 Please describe how the advisor is utilized. Include name and phone number of advisor.

Name of adviser	Phone #
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Operations

1. Chapter holds regular executive committee and chapter meetings. YES / NO
 If yes, list day of week/time/location _____
2. Chapter advisor attends chapter meetings and/or executive board meetings regularly. YES / NO
3. Each chapter officer has an officer manual/notebook. YES / NO
4. Chapter has a master calendar. YES / NO
5. Chapter uses an agenda for chapter and executive officer meetings. YES / NO
 If yes, please attach a one sided, one page example.
6. Minutes of meetings are recorded. YES / NO
7. Chapter hosts/attends a retreat/training each year for officers/members. YES / NO

Recruitment

1. How many bids were extended? Spring 2007 _____ Fall 2007 _____
2. Number of members initiated each semester? Spring 2007 _____ Fall 2007 _____
3. Please list the number of members in the organization for the following semesters.
 Fall 2006 _____
 Spring 2007 _____
 Fall 2007 _____
4. Which kind of recruitment does your chapter participate? Circle all that apply
 Formal Informal IFC COB Other _____
5. Did your chapter hold at least 2 recruitment workshops or preparation meetings?
 YES / NO
 If yes, list dates _____
6. Does your chapter have a separate recruitment advisor (other than your chapter advisor) who assists during recruitment? YES / NO
 If yes, Name _____ Phone _____

Excellence in Campus, Community and Interfraternal Relations
Responses to this section are limited up to 6 single sided pages or 3 double sided pages in addition to the front of this page.

Alumni/Family Relations

1. Chapter maintains regular contact with alumni or graduate chapter. YES / NO
If yes, please list forms of contact. (1/2 page limit)
2. How many alumni events do you host per semester? _____
Please list events and dates. (1/2 page limit)
3. Does your chapter recognize alumni for their contributions? YES / NO
If yes, **list** recipients' names, what they were recognized for and contact numbers/emails.
(1/2 page limit)
4. Chapter communicates with parents on a regular basis. YES / NO
If yes, please list forms of contact. (1/2 page limit)
5. Chapter participates in a family oriented event (i.e. ASU Family Weekend). YES / NO

Outstanding Campus/Community Relations (2 page limit)

1. Did your chapter host or participate in events that educate the chapter on campus diversity or multicultural awareness? YES / NO
2. What events have you hosted/participated in this past year that benefited the University and/or fraternity & sorority community? What was the format and outcome? Who attended? How were these events promoted? What were the benefits to the University and/or community?
3. List events that you co-sponsored with non-Greek ASU organizations.
4. Please list major campus leadership positions held by chapter members. List member's name, position and contact info.
5. Did your organization participate in the following?

Homecoming	YES / NO	number of participants	_____
Freshman move-in	YES / NO	number of participants	_____
Family Weekend	YES / NO	number of participants	_____
Relay for Life	YES / NO	number of participants	_____

Interfraternal Relations (2 page limit)

1. List events (non-social) that you co-sponsored with another ASU Greek organization.
2. What events have you hosted/participated in that emphasized Greek unity and chapter relations this year? What were the specific goals of each of these programs? Were the goals met? Who attended these events? How did they affect the image of the Greek community?

Advisor of the Year

**This award recognizes the commitment of one chapter advisor to their chapter and the ASU Greek community. Chapter members may nominate their advisor for this award.

Advisor being nominated _____

Your name _____

Affiliation _____

1. Nominee has served in the role as faculty, staff or volunteer advisor in the 2007 calendar year. YES / NO
2. Submit a one page statement explaining why the advisor is deserving of the award and how they exemplify leadership, dedication, effort and passion for advising their chapter.

Outstanding Emerging Leader

This award recognizes an outstanding recently initiated member who has taken the initiative to become involved in his/her chapter. Applicants for this award can be nominated by their chapter president, advisor or a council officer. **No self nominations will be accepted. o

Name of Nominee _____

Nominee's semester and year of initiation _____

Nominee's Affiliation _____

Nominee's email address _____

Your name _____

Your Office/Position _____

Your email address _____

1. Nominee has been associated with chapter for 1-2 years. YES / NO
2. Nominee is in good standing with their chapter and ASU. YES / NO
3. Nominee is a member of an IFC, MGC, NALFO, NPHC or PAN chapter. YES / NO
4. Nominee's chapter is in good standing with council, Office Fraternity & Sorority Life and ASU. YES / NO
5. Please describe the individual's involvement in chapter and Greek Community including significant leadership roles.
6. Will this individual impact the Greek Community? Please explain.

Signatures of the chapter president and adviser are required for nomination.
Signatures state that this member is in good standing with the chapter and that all information is valid.

Signature of chapter president _____ Date _____

Printed Name _____

Signature of chapter advisor _____ Date _____

Printed Name _____

Individual Excellence in Community Service

**This award recognizes one student for their outstanding contributions in community service. Applicants for this award should be self nominations.

Name _____

Affiliation _____

Semester and year of initiation _____

Email address _____

Phone number _____

1. You are in good standing with your chapter and ASU. YES / NO
2. You are a member of an IFC, MGC, NALFO, NPHC or PAN chapter. YES / NO
3. Your chapter is in good standing with council, Office Fraternity & Sorority Life and ASU. YES / NO
4. Please list significant volunteer accomplishments.
5. Why do you think it is important for Greeks to be involved in service related activities within the community?
6. How has volunteerism affected your collegiate and Greek experience?

Signatures of the chapter president and adviser are required for nomination.

Signatures state that this member is in good standing with the chapter and that all information is valid.

Signature of chapter president _____ Date _____

Printed Name _____

Signature of chapter advisor _____ Date _____

Printed Name _____

Outstanding Fraternity/Sorority Chapter President

****This award is presented to the chapter president who has demonstrated outstanding leadership with his/her chapter and the Greek Community. Nominations for this award are accepted from chapter members and advisors within the Greek Community. **Self nominations will not be accepted.****

Name of Nominee _____

Nominee's semester and year of initiation _____

Nominee's Affiliation _____

Nominee's email address _____

Your name _____

Your email address _____

Your signature _____ Date _____

1. Nominee is in good standing with his/her chapter and ASU. YES / NO
2. Nominee is a member of an IFC, MGC, NALFO, NPHC or PAN chapter. YES / NO
3. Nominee's chapter is in good standing with council, Office Fraternity & Sorority Life and ASU. YES / NO
4. Nominee has served as President at some point during the 2007 calendar year. YES / NO
5. Please describe, in one page, the applicant's dedication to promoting their chapter and the Greek Community while serving as a respected, ethical leader.
- 6.

Signatures of the chapter president and adviser are required for nomination.

Signatures state that this member is in good standing with the chapter and that all information is valid.

Signature of chapter president _____ Date _____

Printed Name _____

Signature of chapter advisor _____ Date _____

Printed Name _____

Freshman, Sophomore, Junior or Senior of the Year

**Presented to an individual who has excelled in their leadership involvement in their fraternity or sorority. Applicants for this award should be self nominations. One award per category will be given for a total of four awards.

Name _____

Affiliation _____

Semester and year of initiation _____

Year in school (please circle) Freshman Sophomore Junior Senior

Email address _____

Phone number _____

1. You are in good standing with your chapter and ASU. YES / NO
2. You are a member of an IFC, MGC, NALFO, NPHC or PAN chapter. YES / NO
3. Your chapter is in good standing with council, Office Fraternity & Sorority Life and ASU. YES / NO
4. Please describe, in one page, your dedication to promoting your chapter and the **Greek Community** while serving as a respected, ethical leader.

Signatures of the chapter president and adviser are required for nomination.

Signatures state that this member is in good standing with the chapter and that all information is valid.

Signature of chapter president _____ Date _____

Printed Name _____

Signature of chapter advisor _____ Date _____

Printed Name _____

Fraternity & Sorority Member of the Year

**This award is presented to one fraternity member and one sorority member who have made great contributions to their chapter and the Greek Community. These individuals demonstrate strong leadership, scholarship and service.

Applicants for this award should be self nominations.

*Finalist will be interviewed.

*The recipients will be chosen based on the application and interview.

Name _____

Affiliation _____

Semester and year of initiation _____

Year in school (please circle) Freshman Sophomore Junior Senior

Email address _____

Phone number _____

1. Nominee is in good standing with their chapter and ASU. YES / NO
2. Nominee is a member of an IFC, MGC, NALFO, NPHC or PAN chapter. YES / NO
3. Nominee's chapter is in good standing with council, Office Fraternity & Sorority Life and ASU. YES / NO
4. Please describe, in one page, the applicants dedication to promoting their chapter and the **Greek Community** while serving as a respected, ethical leader within the **Greek Community**.

Signatures of the chapter president and adviser are required for nomination.

Signatures state that this member is in good standing with the chapter and that all information is valid.

Signature of chapter president _____ Date _____

Printed Name _____

Signature of chapter advisor _____ Date _____

Printed Name _____