



Illinois, Lambda State Organization

2019-2021

Recommendation Form for Lambda State Committee Appointments

Recommendation for the position of: _____ Committee Chair _____ Committee Member

Check Names of Preferred Committees:

____ Communications & Publicity ____ Achievement Award ____ Scholarship ____ Finance
____ Educational Excellence ____ Women in the Arts ____ Membership ____ Music
____ Leadership Development ____ Dates & Sites ____ Personnel ____ Rules
____ International Projects ____ Legislation ____ Literacy

Personal Information:

Nominee (Dr., Mrs., Ms., Miss): _____

Address: _____

Preferred Phone: _____ E-mail: _____

Chapter: _____ Chapter Number: _____ Year of Initiation: _____

Delta Kappa Gamma Experience—Office(s) Chairmanship(s), Member of Committee(s) (Include dates):

Chapter:

State:

Regional/International:

Academic Background (Include degrees, dates, and colleges/universities):

Years of Teaching Experience: _____

Check the appropriate response below.

____ Yes ____ No Candidate has consented for her name to be submitted.

____ Yes ____ No Candidate is willing to accept a different position. Which?

Submitted by: _____ Individual Member _____ Chapter President

Name: _____ Chapter: _____ Position: _____

Address: _____

Preferred Phone: _____ E-mail: _____

Please send your completed recommendation form to the Lambda State Nominations Committee Chair by e-mail to Sylvia Olson at nominations.lambda.ilstate@gmail.com by March 20, 2019

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