**ALPHA EPSILON STATE**

**GOLDEN KEY APPLICATION**

Chapter.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

KEY POINTS:

1. Three chapter yearbooks were sent by November 1. Yes No

2. Chapter Reports sent to state counterpart before Feb. 1

President (Every year) Yes No

Necrology Report (Every year) Yes No

Finance (Even-numbered years) Yes No

Membership (Even-numbered years) Yes No

Program (Even-numbered years) Yes No

Scholarship (Even-numbered years) Yes No

World Fellowships (Even-numbered years) Yes No

(In Indiana this is Int’l Projects)

3. Chapter represented at Alpha Epsilon State Executive Board meeting

September Yes No

April (at Convention or Conference) Yes No

4. Held a minimum of two chapter executive board meetings

Dates.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Distributed reports and information received at executive board meetings

President’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. International Educational Excellence project (Schools for Africa and/or Support for Early Career Educators) used in chapter program planning.

Briefly describe.

POLISH POINTS

1. Chapter represented at State Convention/Conference

(In addition to chapter President and state officer/committee chairman)

Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**GOLDEN KEY APPLICATION (cont.)**

2. Chapter represented at International Convention or a Regional Conference

(In addition to state officer/committee chairman)

Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. Published a minimum of 4 chapter newsletters and sent copies to the

appropriate state personnel. President’s initials \_\_\_\_\_\_\_\_\_\_ Yes No

4. Held minimum of five chapter meetings.

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Orientation session for chapter initiates:

Date held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of initiation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Attended 5 out 6 CCOT Workshop sessions (Please list names)

President \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secretary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treasurer and/or Finance Chairman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership Chairman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Excellence/Program Chairman, Personal Growth and

Professional Affairs Chairmen \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Communication/Publicity Chairman, Newsletter Editor, Webmaster

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7. Description of chapter service project:

8. Application postmarked by June 30 Yes No

By my signature, I certify that the information recorded on this application is correct.

President \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_