**ALPHA EPSILON NOMINATIONS/PERSONNEL COMMITTEE  
GUIDELINES FOR RECOMMENDATIONS**

1. The name of a member may be submitted for nominations for any state elective position by an individual member or a chapter. Permission of that member must be secured before she is recommended for nomination.
2. An official “Recommendation Form for Nominations” must be completed for each person recommended.
3. The Recommendation Form may be supplemented by Endorsement Forms (chapter, professional, or personal) for the candidate.
4. The recommendation and endorsements will be due on or before September 15, 2014.
5. The Nominations/Personnel Committee recommends the following qualifications:
6. The state officers should:
7. Have state committee experience
8. Have some familiarity with the work of the state organization executive board
9. Have attended state, regional, and International meetings
10. Have interest in and time for the position
11. Have organizational ability and the ability to delegate
12. Be able to speak well and communicate effectively
13. The state president should, in addition, have served as a chapter president
14. Nominations/Personnel Committee members should have had some experiences at the state level.

**NOMINATIONS**

Alpha Epsilon State Nominations/Personnel Committee is now accepting nominations for the 2015-2017 biennium. The election will be held at the State Convention in March 2015.

The following state offices are open for nominations from members and chapters:

President   
First Vice President   
Second Vice President   
Secretary   
Nominations Committee members from:   
 Northwest Area (Councils 1,2, and 4),   
 Central Area (Councils 7, 8, and 11),   
 and Southeast Area (Councils 9 and 13).

The official nominations form, which follows, shall be used in presenting these nominations. It can also be downloaded from the state web site [www.deltakappagamma.org/IN/](http://www.deltakappagamma.org/IN/) . Nominations forms must be received prior to September 15, 2014, to be considered. Please send the completed form to:

Carolyn Borchardt  
 1049-169th Place  
 Hammond, IN 46324-2016

The Nominations/Personnel Committee will meet to consider all applications and form a slate of officers. Nominees will be informed of the committee’s decision by Mail following the completion of their work. The slate will be presented to the membership in the December 2014 *Hoosier Newsette*.

Nominations/Personnel Committee:

Madaline Mount, Alpha Theta  
 Janice Redenbarger, Delta  
 Barbara Shirden, Kappa  
 Carolyn Borchardt, Sigma  
 Sharon Herr, Chi

April 2014

**ALPHA EPSILON STATE  
DELTA KAPPA GAMMA SOCIETY INTERNATIONAL**

**Official Recommendation Form for Nominations 2015-2017**

\_\_\_\_\_ President \_\_\_\_\_ First Vice President \_\_\_\_\_ Second Vice President

\_\_\_\_\_ Secretary \_\_\_\_\_ Nominations/Personnel Committee

Name of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Initiated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delta Kappa Gamma Experiences (offices, chairmanship, committee member) Include dates please.

Chapter:

State:

Regional/International:

Delta Kappa Gamma State or International Awards, Scholarships, and/or Grants received:

State, Regional, International Convention/Conferences attended including dates or years:

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

International: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community Service (civic, religious, service clubs, etc.):

Academic Background (include college/university, degrees, dates):

Years of teaching: \_\_\_\_\_\_\_\_ Present position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If retired, when: \_\_\_\_

Place of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years in present position: \_\_\_\_\_\_\_

Teaching Awards, Grants, and special recognitions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the personal and professional traits this person possesses that qualify her for a position?

Respond yes or no to the following questions please:

Nominee has consented for her name and qualifications to be submitted. \_\_\_\_\_  
Nominee is willing to accept a different position. \_\_\_\_\_  
A recent snapshot or picture of nominee is enclosed. \_\_\_\_\_  
Chapter of nominee has been asked to write a letter of support for nominee. \_\_\_\_\_

Submitted by:  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter: \_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail completed nominations form by September 15, 2014, to: Carolyn Borchardt, 1049-169th Place, Hammond, IN 46324-2016 or email: [cborc86914@aol.com](mailto:cborc86914@aol.com)

**ALPHA EPSILON STATE**

**ENDORSEMENT FORM**

1. Complete this form using this side only. Do not attach additional materials or pages.
2. Mail the completed form to:

Carolyn Borchardt  
 1049-169th Place  
 Hammond, IN 46324-2016

1. Copies must be received prior to September 15, 2014.

Name of candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initiation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommended for (position): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Based on your personal and/or professional knowledge of this candidate, list the specific skills and personal qualities the individual would bring to this particular office in 50-100 words.

Endorser’s Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Position in Delta Kappa Gamma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_