

**THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
SIGMA STATE WISCONSIN
LORRAINE MISSLING SIGMA STATE ACHIEVEMENT AWARD
NOMINATION FORM**

Purpose of Award: To recognize and honor a member who has given distinguished and outstanding service to Sigma State Wisconsin and has promoted the seven purposes and the policies of The Delta Kappa Gamma Society International.

Directions for completing the Nomination Form:

- This nomination should be no more than the three pages of this form
- Please be brief and specific.
- DO NOT refer to the nominee's title, first or last names, or nickname on pages two and three of the nomination form.
- Upon completion of the nomination form, review all information to ensure you have documented your nominee's leadership roles and service to Sigma State Wisconsin according to the criteria set forth in the guidelines.
- Obtain proper chapter endorsement of your nominee as explained in the guidelines.
- If your nominee be selected to receive the award, please submit her photograph to the Sigma State Editor and the Sigma State Historian immediately following Sigma State Convention.
- **Nomination forms should be postmarked no later than January 15, 2018.**
- Mail or e-mail this form to:

**Kathy Harrison
W71N994 Harrison Ave
Cedarburg, WI 53012-3215
dkgss2vp@gmail.com**

Please contact Kathy Harrison via e-mail or at (262)305-9499 with questions or concerns.

Code # (For use by Achievement Award Committee Members) _____
2018 Lorraine Missling Sigma State Achievement Award Nomination Form

Nominee: _____

Address: _____

Nominee's Chapter: _____

Name of person completing this form: _____

Phone number: _____ **Chapter:** _____

E-mail address: _____

Endorsed by: _____

(Name of an executive board member, which may be the same as the individual completing this form)

Phone number: _____ **Chapter:** _____

E-mail address: _____

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Please **exclude** the name of nominee and chapter when completing the rest of this three-page nomination form.

OUTSTANDING CONTRIBUTIONS TO THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
(Include leadership roles/titles)

CHAPTER LEVEL:

STATE ORGANIZATION LEVEL:

REGIONAL INTERNATIONAL LEVEL:

WHY HAVE YOU CHOSEN TO NOMINATE THIS INDIVIDUAL?

BIOGRAPHICAL SKETCH:

(This may include participation in professional organizations other than ΔΚΓ, teaching experience, honors and awards, involvement in civic affairs and other leadership activities, promotion of excellence in education, and other relevant personal information.)