

**RECOMMENDATION FORM  
WEST VIRGINIA STATE ACHIEVEMENT AWARD**

**Nomination forms must be postmarked my mail or emailed  
by February 1<sup>st</sup> to the State Achievement Award Committee.**

Name \_\_\_\_\_ Chapter \_\_\_\_\_  
           (First)                   (Middle)                   (Last)

Address \_\_\_\_\_ Date \_\_\_\_\_

Number of years a member: \_\_\_\_\_ years    Phone \_\_\_\_\_

**I. OFFICES IN DELTA KAPPA GAMMA AND SPECIAL STAFF:**

(Give dates in years----Example: 1998-2000)

	<u>Chapter Level</u>	<u>State Level</u>	<u>International Level</u>
<b>President</b>	_____	_____	_____
<b>1<sup>st</sup> Vice President</b>	_____	_____	_____
<b>2<sup>nd</sup> Vice President</b>	_____	_____	_____
<b>Recording Secretary</b>	_____	_____	_____
<b>Corresponding Secretary</b>	_____	_____	_____
<b>Treasurer</b>	_____	_____	_____
<b>Parliamentarian</b>	_____	_____	_____
<b>Regional Director</b>	xxx	_____	_____
<b>State Executive Secretary</b>	xxx	_____	xxx

**II COMMITTEES IN DELTA KAPPA GAMMA:**

	<u>Chapter Level</u>		<u>State Level</u>	
	<u>Chairman</u>	<u>Member</u>	<u>Chairman</u>	<u>Member</u>
<b>A. Society Business:</b>				
1. Expansion	_____	_____	_____	_____
2. Finance	_____	_____	_____	_____
3. Audit	_____	_____	_____	_____
4. Membership	_____	_____	_____	_____
5. Nominations	_____	_____	_____	_____
6. Rules/By-Laws	_____	_____	_____	_____
7. List Others:				

**Chapter Level**  
**Chairman   Member**

**State Level**  
**Chairman   Member**

(Continue to give dates in years—Example: 1998-2000)

**B. Program of Work:**

- |  |       |       |       |       |
|--|-------|-------|-------|-------|
| <b>1. Program</b>                        | _____ | _____ | _____ | _____ |
| <b>2. Personal Growth &amp; Services</b> | _____ | _____ | _____ | _____ |
| <b>3. Professional Affairs</b>           | _____ | _____ | _____ | _____ |
| <b>4. Research</b>                       | _____ | _____ | _____ | _____ |
| <b>5. Legislation</b>                    | _____ | _____ | _____ | _____ |
| <b>6. Music</b>                          | _____ | _____ | _____ | _____ |
| <b>7. Others:</b> _____                  | _____ | _____ | _____ | _____ |
| _____                                    | _____ | _____ | _____ | _____ |
| _____                                    | _____ | _____ | _____ | _____ |

**C. Educational Services:**

- |   |       |       |       |       |
|---|-------|-------|-------|-------|
| <b>1. Communications</b>                  | _____ | _____ | _____ | _____ |
| <b>2. State Editor</b>                    | _____ | _____ | _____ | _____ |
| <b>3. World Fellowship</b>                | _____ | _____ | _____ | _____ |
| <b>4. Golden Gift</b>                     | _____ | _____ | _____ | _____ |
| <b>5. Scholarship</b>                     | _____ | _____ | _____ | _____ |
| <b>6. Chapter Newsletter Editor Staff</b> | _____ | _____ | _____ | _____ |
| <b>7. Others:</b> _____                   | _____ | _____ | _____ | _____ |
| _____                                     | _____ | _____ | _____ | _____ |
| _____                                     | _____ | _____ | _____ | _____ |

**D. Special Committees at the State Level:**

- |  |       |       |       |       |
|--|-------|-------|-------|-------|
| <b>1. Alpha Phi Achievement Award</b>          | _____ | _____ | _____ | _____ |
| <b>2. State Publications (Name or Explain)</b> | _____ | _____ | _____ | _____ |
| <b>3. Ad Hoc (Name or Explain)</b> _____       | _____ | _____ | _____ | _____ |
| <b>4. Disaster Fund</b>                        | _____ | _____ | _____ | _____ |
| <b>5. Nominations</b>                          | _____ | _____ | _____ | _____ |
| <b>6. Chairman/Coordinating Council</b>        | _____ | _____ | _____ | _____ |
| <b>7. Others:</b> _____                        | _____ | _____ | _____ | _____ |
| _____  | _____ | _____ | _____ | _____ |
| _____  | _____ | _____ | _____ | _____ |

**PART III. ATTENDANCE/REPRESENTING DELTA KAPPA GAMMA:**

(Give the number of each or the years—not bienniums)

	<u>Chapter/Local</u>	<u>State</u>	<u>International</u>
1. Executive Board Meetings	_____	_____	_____
2. Attendance at State Conventions	xxx	_____	xxx
3. Attendance at International Conventions	_____	xxx	_____
4. Attendance at North East Regional Conferences	_____	xxx	_____
5. Attendance at State Regional Workshops (Even # Years)	xxx	_____	xxx
6. Attendance at State Leadership Dev. Workshops (Odd # Years)	xxx	_____	xxx
7. Attendance at International Workshops	_____	xxx	_____
8. State Convention Host Chairman	xxx	_____	xxx
9. State Convention Host Committee Member	_____	_____	xxx
10. WV Women’s Commission Representative	_____	_____	xxx
11. Seminar for Purposeful Living	xxx	xxx	_____
12. List Others: _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PART IV. OUTSTANDING DELTA KAPPA GAMMA CONTRIBUTIONS NOT LISTED PREVIOUSLY:**

		<u>Ch/Local</u>	<u>State</u>	<u>Int.</u>
1. _____	Year?	_____	_____	_____
2. _____	Year?	_____	_____	_____
3. _____	Year?	_____	_____	_____

4. List others as needed:

**PART V. OUTSTANDING CONTRIBUTIONS TO EDUCATION:**

	<u>Local</u>	<u>State</u>	<u>Int.</u>
1. Teacher of the Year (School)_____ Year? _____			xxx
2. Honors Received: (Include Years)			
A. _____			
B. _____			
C. _____			
D. _____			
3. Original Publications/Programs: (Include Years)			
A. _____			
B. _____			
4. Active in Educational Organizations: (Include Years)			
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____
5. Other Affiliations, Offices, or Accomplishments:			
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
6. Outstanding <u>Chapter</u> Contributions <u>Not</u> Listed Previously: (Include Years)			
A. _____			
B. _____			

**PART VI. RELIGIOUS AFFILIATIONS AND ACTIVITIES:**

	<u>Local</u>	<u>State</u>
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

**PART VII. ADDITIONAL INFORMATION: (Include Years)**

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

**PART VIII. PROFESSIONAL TRAINING:**

Institution: \_\_\_\_\_ Degree/s \_\_\_\_\_ Years \_\_\_\_\_

Institution: \_\_\_\_\_ Degree/s \_\_\_\_\_ Years \_\_\_\_\_

Advanced Training (Explain): \_\_\_\_\_

\_\_\_\_\_

Advanced Training (Explain): \_\_\_\_\_

\_\_\_\_\_

**PART IX. PROFESSIONAL POSITION AT TIME OF INITIATION INTO  
DELTA KAPPA GAMMA SOCIETY:**

Title: \_\_\_\_\_

Location: \_\_\_\_\_

Job Description: \_\_\_\_\_

**PART X. SUBSEQUENT POSITIONS (if changed)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**PART XI. PERSONAL AND FAMILY DATA:**

1. Birthplace: \_\_\_\_\_

2. Children: \_\_\_\_\_

3. Family Facts: \_\_\_\_\_

\_\_\_\_\_

**PART XII. RETIREMENT AND POSITION**

1. Year and Month of Retirement: \_\_\_\_\_

2. Last teaching/Education Position: \_\_\_\_\_