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| **The Delta Kappa Gamma Society International**  **Recommendation for the Tennessee State Organization Achievement Award**  **Recommendation Deadline: March 15, 2021** | | | | | | | |
| Please type all information. Begin with the most recent dates, and work back chronologically. List date of service before information. This application utilizes a table format and is designed to expand as you type. Point and click with your mouse to enter information | | | | | | | |
| **Nominee:** |  | | | | **Submitted by:** |  | |
| **A. General Directions:**  1. Nomination of candidates for the Tennessee State Organization Achievement Award may be made annually by members or by chapters. All recommendations must be typed on this form. This form should be accompanied with a photograph and submitted by March 15 of the award year (2021) to the following email OR mailing address:  Tennessee State Organization Achievement Award Committee Chair: Marsha Rains  Mailing address: 370 Central Avenue Savannah, TN 38372  Email address: [marsharains@yahoo.com](mailto:marsharains@yahoo.com)  Phone number: 731-607-1315  2. Standards for Eligibility of Candidates:   * 1. Contributions of the recipient to The Delta Kappa Gamma Society International, with special consideration given to the Tennessee State Organization and the member’s chapter, as well as to education and to women.   2. Only one recipient of the Achievement Award may be selected annually, and no person may receive the award a second time.   3. Nominees not selected one year may have their dossiers updated for consideration at another time. | | | | | | | |
| **B. Recommendation** | | | | | | | |
| **1. Personal Information** | | | | | | | |
| **Name: (include Dr., Mrs., Miss)** | | |  | | | | |
| **Street Address:** | | |  | | | | |
| **City, State, Zip Code:** | | |  | | | | |
| **Total Number of Years Membership:** | | |  | | | | |
| **Chapter:** | | |  | | | | |
| **Complete record of all achievements. (Only completed records will be considered.) If additional space is needed please attach information to this form.** | | | | | | | |
| **2. Achievements of the candidate in The Delta Kappa Gamma Society International:** | | | | | | | |
| ***Chapter Achievements:*** | | | **Offices held and committee assignments:** | | | | |
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| **Outstanding Contributions:** | | | | |
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| ***State Achievements:*** | | | **Offices held and committee assignments:** | | | | |
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| **Outstanding Contributions:** | | | | |
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| ***International Achievements:*** | | | **Offices held and committee assignments:** | | | | |
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| **Outstanding Contributions:** | | | | |
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| **3. Contributions of the candidate to education outside of The Delta Kappa Gamma Society International:** | | | | | | | |
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| **4. Other Honors Received:** | | | | | | | |
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| **Submitted by:** | |  | | **Chapter:**  **Phone number:**  **Email address:** | | |  |
| **Return this form with photograph by email or mailing address by March 15, 2021, to:**  Tennessee State Organization Achievement Award Committee  Marsha Rains  370 Central Avenue  Savannah, TN 38372  Email Address:marsharains@yahoo.com | | | | | | | |