

Delta Beta Xi Award

Alpha Sigma Phi Fraternity

APPLICATION DEADLINE: April 15

Delta Beta Xi is awarded for sustained alumni service to the Fraternity. While potential criteria for the award is as varied as our brotherhood, general criteria include years of service, type of service, and significant achievements. This form is the primary tool by which the Awards Committee will evaluate Delta Beta Xi nominees. Please be as thorough as possible when providing requested information. There are only ten Delta Beta Xi awards handed out annually.

Completed applications with all additional materials should be postmarked by April 15, and sent to Fraternity Headquarters. Forms may also be faxed or e-mailed.

ELIGIBILITY:

This award is given to an alumnus of Alpha Sigma Phi Fraternity who has sustained alumni service to the Fraternity. General criteria include years of service, type of service, and significant achievements.

Those nominees not selected to receive the Delta Beta Xi Award are automatically eligible the proceeding year, after the second year a new application must be submitted.



NOMINEE INFORMATION

Name _____

Chapter Designation _____

College/University _____

Initiation Year _____ Roster # _____

Home Address _____

City _____ State _____ Zip _____

Email _____

ACCOMPLISHMENTS

You are encouraged to attach a narrative justification to highlight the impact your nominee has had on the Fraternity. If available, please include significant contributions made to the chapter.

CHAPTER LEVEL ALUMNI POSITIONS HELD

DATE

_____	_____
_____	_____
_____	_____
_____	_____

NATIONAL LEVEL ALUMNI POSITIONS HELD

DATE

_____	_____
_____	_____
_____	_____
_____	_____

OTHER ALUMNI POSITIONS HELD

DATE

_____	_____
_____	_____
_____	_____
_____	_____

AWARDS & RECOGNITION

DATE

_____	_____
_____	_____
_____	_____
_____	_____

SIGNIFICANT CONTRIBUTIONS OF ALUMNUS

DATE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NOMINATOR'S INFORMATION

Name _____

Chapter Designation _____

College/University _____

Initiation Year _____ Roster # _____

Cell (_____) _____

Email _____

I swear, on my honor as a Brother, that the information contained in this application is true, to the best of my knowledge.

Nominator's Signature _____ Date ____ / ____ / ____