

Dr. Otto L. Sonder Advisor of the Year Award

Alpha Sigma Phi Fraternity

APPLICATION DEADLINE: April 15

The Dr. Otto L. Sonder Advisor of the Year Award is given annually to an advisor who displays exceptional passion, commitment, and drive for a chapter, colony, or interest group over a significant period of time.

Created during the 2006 Grand Chapter, the award recognizes an advisor who has helped to advance the Mission and Purpose of the Fraternity on a chapter level.

Otto Louis Sonder, American '47 / Delta Beta Xi '67, awarded the Evin C. Varner, Jr. Distinguished Service Award in 1996. Served as Faculty Advisor of the Alpha Gamma Upsilon Fraternity at Lycoming College (Williamsport, Pennsylvania). Orchestrated merger with Alpha Sigma Phi Fraternity and Alpha Gamma Upsilon Fraternity, merger was finalized in 1965. Lycoming College became the Gamma Rho Chapter of Alpha Sigma Phi. Served as the Gamma Rho Grand Chapter Advisor at Lycoming College 1961 - 1974 then served as the Beta Xi Grand Chapter Advisor at Hartwick College (Oneonta, New York) 1974 - 2006. Brother Sonder gave more than 45 years of service to the Old Gal.

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

ELIGIBILITY:

Recipients of the award should be a current or past Grand Chapter Advisor, Chapter Council Member, Association President, Association Member, Housing Corporation President, or Housing Corporation Member. Completed applications must be submitted with all required signatures to be eligible.



NOMINEE'S INFORMATION

Name _____

Chapter Designation _____

College/University _____

Address _____

City _____ State _____ Zip _____

Work Phone (_____) _____

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.

NOMINATOR'S INFORMATION

Name _____

Chapter Designation _____

College/University _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

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 ____ / ____ / ____