B-CU 2010 GREEK LIFE AWARDS

NPHC * SPOAC

BETHUNE-COOKMAN UNIVERSITY
GREEK LIFE AWARDS
Application Packet

Application Due To Greek Life Office --Wednesday, April 14, 2010
NO EXTENSIONS will be granted.

Chapter Name: ______________________________________________

Council: □ NPHC    □ SPOAC

For Official Use only:
RECEIVED BY: _________________________  DATE RECEIVED: ____________
2010 B-CU GREEK AWARDS APPLICATION

☐ Greek Man of the Year

☐ Greek Woman of the Year

☐ Pillars of the Community (5)

☐ Chapter of the Year

☐ Greek Life Unity Award

☐ Chapter Advisor of the Year

☐ Distinguished Service Award
Greek Man/Woman of the Year

Purpose: To recognize individuals who represent their chapter and/or the B-CU Greek community through the values of Scholarship, Service, Leadership and Community. This person exemplifies the true meaning of being Greek.

There would be a Greek member chosen from each Greek Council for this award.

Award Eligibility:
1. Applicant must be in good standing with his/her chapter and Bethune-Cookman University.
2. Applicant must have maintained an overall GPA of 2.7 or above.
3. Applicant must be an active member of their respective chapter.
4. Applicant must be enrolled at Bethune-Cookman University as a full time student during spring 2010 and fall 2009 semesters.
5. Must be nominated by advisors, faculty/staff, chapter.

Award Criteria:
Individuals considered for this award must have active leadership role in Greek and or Campus Community. Individuals should have a history of service to surrounding community, exemplify characteristic of Greek Life and individual fraternity/sorority, and be a role model of integrity to chapter, council, and Greek community.

Please answer the following question(s) on a separate page and attach to this packet. Application should include:

- Letter of recommendation that describes the nominee's character and how their values exemplify the award criteria.
- Answer the following questions:
  - Describe the nominee, their leadership and service?
  - How has this Greek Man/Woman impacted their chapter, council or the overall Greek community?
  - Why does this person deserve to be Greek Man/Woman of the Year?
2010 B-CU GREEK AWARDS APPLICATION

Greek Man/Woman of the Year

Please print in black or blue ink on this application

GENERAL INFORMATION (Please Print)

Name (as it would appear on the award): ________________________________

Chapter Affiliation: ___________________________ Initiation Date: ______________

Chapter/Council Leadership Roles: ________________________________

B-CU Leadership/Involvement: ________________________________

Describe any awards/honors: ________________________________

Local Address: ____________________________________________

____________________________________________________________________________

Street    City    Zip

Phone Number: (____) ___________________ Email Address: ________________

Major: ___________________________ Minor: ___________________________

Cumulative GPA: ________ Classification: (Freshman, Sophomore, etc.):___________

SIGNATURE

I hereby attest that all information on this application is true to the best of my knowledge.

Print Name: ___________________________ Relationship: ________________

Signature: ___________________________ Date: ________________
Pillars of the Community

**Purpose:** To recognize Greeks for their leadership and service to their chapter and/or community and their ability to live the values of the organization and community.

There would be a Pillar of the Community chosen from each Greek Council for this award.

**Award Eligibility:**
1. Applicant must be in good standing with his/her chapter and Bethune-Cookman University.
2. Applicant must have maintained an overall GPA of 2.7 or above.
3. Applicant must be an active member of their respective chapter.
4. Applicant must be enrolled at Bethune-Cookman University as a full time student during spring 2010 and fall 2009 semesters.
5. Must be nominated by advisors, faculty/staff, chapter.

**Award Criteria:**
Individuals considered for this award must have lived out values of their fraternity/sorority. Individuals should have made a significant impact and contribution to the Greek community and show leadership in Greek/B-CU community.

Please answer the following question(s) on a separate page and attach to the packet.

**Application should include:**
- Letter of recommendation that describes why nominee would deserve this award.
- Answers to the following questions:
  - Describe the nominee, their service and leadership?
  - How does the individual live up to organization and community values?
  - Why does this person deserve to be a Pillar of the Community?
2010 B-CU GREEK AWARDS APPLICATION

Pillars of the Community

Please print in black or blue ink on this application

GENERAL INFORMATION (Please Print)

Name (as it would appear on the award): ________________________________

Chapter Affiliation: __________________ Initiation Date: ________________

Chapter/Council Leadership Roles: _______________________________________

B-CU Leadership/Involvement: _________________________________________

Describe any awards/honors: _____________________________________________

Local Address: _________________________________________________________

Street
City
Zip

Phone Number: (____)_______________ Email Address: _____________________

Major: ___________________________ Minor: _____________________________

Cumulative GPA: _______ Classification: (Freshman, Sophomore, etc.): __________

SIGNATURE
I hereby attest that all information on this application is true to the best of my knowledge.

Print Name: ________________________________ Relationship: ____________

Signature: ________________________________ Date: ______________________
Chapter of the Year

Purpose: To recognize the chapter who has excelled in service to the B-CU and Daytona Beach community. This chapter is awarded because of their demonstration of overall success in the areas of scholarship, philanthropy, and integrity.

Award Eligibility:
1. Applicant must be in good standing with his/her chapter and Bethune-Cookman University.
2. Applicant must have maintained an overall GPA of 2.7 or above.
3. Applicant must be an active member of their respective chapter.
4. Applicant must be enrolled at Bethune-Cookman University as a full time student during spring 2010 and fall 2009 semesters.
5. Must be nominated by advisors, faculty/staff, chapter.

Award Criteria:
Chapter should have made a significant contribution to the Greek community and model ideals of integrity and character. Chapter should exude fraternal and sororal values (brotherhood/sisterhood, philanthropy, scholarship, leadership)

Please answer the following question(s) on a separate page and attach to the packet.
Application should include:
- Letter of recommendation that describes why the chapter would deserve this award.
- Answers to the following questions:
  - How has your chapter exceeded the expectations of being a values-based Greek organization through the four core values of Scholarship, Service, Leadership and Brotherhood/Sisterhood?
  - Why do you believe your chapter, above all others, should be considered for this award?
  - Explain your chapter’s greatest successes of the year.
  - Any brief attachment/information that would assist the committee in evaluating your chapters accomplishments and merits that justify receiving this award.
Chapter of the Year

Please print in black or blue ink on this application

GENERAL INFORMATION (Please Print)

Chapter Name: _____________________________

Chapter Awards/Honors: _____________________________

Chapter Community Service/Philanthropies: (include hours) _____________________________

Contribution to B-CU community: (attach sheets if needed) _____________________________

Describe Scholarship, New Member, and Education Programs: (attach sheets)

Local Address: _____________________________

Street

City

Zip

Phone Number: (_____) _____________ Email Address: _____________________________

SIGNATURE
I hereby attest that all information on this application is true to the best of my knowledge.

Contact Name (First and Last): _____________________________

Position in the Chapter: _____________________________

Signature: _____________________________ Date: _____________________________
Greek Life Unity Award

Purpose: To recognize an undergraduate chapter for their support of other chapters, participation in Council/Greek Life events, and promoting a sense of community.

Award Eligibility:
1. Chapter must be in good standing with Bethune-Cookman University and its respective governing council.
2. Chapter must be a registered and active student organization at the Bethune-Cookman University.

Award Criteria:
Chapter should have made a significant contribution to the Greek community and model ideals of integrity and character. Chapter should exudes fraternal and sororal values (brotherhood/sisterhood, philanthropy, scholarship, leadership). Selection for this award will be by chapter presidents.

Please answer the following question(s) on a separate page and attach to packet.
Application should include:
- Letter of recommendation that may describe why the chapter deserves this award.
- Answers to the following questions:
  - Describe how your chapter presents a positive and favorable interfraternal image
  - Why do you believe your chapter, above all others, should be considered for this award?
  - How does your chapter demonstrate interfraternal cooperation and spirit?
2010 B-CU GREEK AWARDS APPLICATION

Greek Life Unity Award

Please print in black or blue ink on this application

GENERAL INFORMATION (Please Print)

Chapter Name: ________________________________

What events/programs has your chapter implemented to foster interfraternal cooperation?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

What other organization’s events/programs has your chapter as a whole supported? ________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Local Address: ____________________________________________________________

Phone Number: (____)_________________   Email Address: ____________________

SIGNATURE
I hereby attest that all information on this application is true to the best of my knowledge.

Contact Name (First and Last): ________________________________

Position in the Chapter: _________________________________________________

Signature: ___________________________   Date: ____________________________
Chapter Advisor of the Year

**Purpose:** To recognize the hard work, dedication, and service that chapter advisors provide to their chapter.

**Award Eligibility:**
1. Chapter Advisor shows faithful commitment and dedication to their chapter.
2. Chapter Advisor has positive communication with chapter, Greek Life Office, and Greek community.

Please answer the following question(s) on a separate page and attach to packet.

Application should include:
- Letter of Recommendation that describes why the chapter deserves this award.
- Answers to the following questions:
  - Why does this Chapter Advisor deserve this award?
  - How has the Chapter Advisor shown commitment and dedication to their chapter?
  - What contributions has the chapter advisor made to the success of the chapter?
Chapter Advisor of the Year

Please print in black or blue ink on this application

GENERAL INFORMATION (Please Print)

Name (as it would appear on the award): ______________________________

Local Address: ____________________________________________________________

                      Street                      City                      Zip

Phone Number: (_____) ________________   Email Address: ____________________

Advisor awards/honors: ____________________________________________________

___________________________________________________________________________

Advisor community involvement: _____________________________________________

___________________________________________________________________________

Advisor national and/or local organizational involvement: _______________________

___________________________________________________________________________

SIGNATURE
I hereby attest that all information on this application is true to the best of my knowledge.

Contact Name (First and Last): ______________________________________________

Position in the Chapter: ______________________________________________________

Signature: ________________________   Date: __________________
Distinguished Service Award

**Purpose:** To recognize faculty, staff, university departments or community members/agencies for their support of the B-CU Greek community.

**Award Eligibility:**
1. Applicant has outstanding record of service to Greek community.
2. Applicant has maintained positive relationships with Greek and B-CU community.
3. Applicant shows continuous support of B-CU Greeks.

Please answer the following question(s) on a separate page. Application should include:
- Letter of recommendation that describes why the nominee should receive this award.
- Answers to the following questions:
  - Describe the nominee, their leadership and service.
  - Why does this person deserve this award?
  - How has this person shown continuous support to B-CU Greeks?
Distinguished Service Award

Please print in black or blue ink on this application

GENERAL INFORMATION (Please Print)

Name (as it would appear on the award): ____________________________________________

Chapter Affiliation (if any): ______________________________________________________

Local Address: ________________________________________________________________

                      Street                      City                      Zip

Phone Number: (____)_________________ Email Address: __________________________

Community involvement: _________________________________________________________

............................................................................................................................

National or local leadership: ___________________________________________________

............................................................................................................................

Awards/Honors: _________________________________________________________________

............................................................................................................................

SIGNATURE

I hereby attest that all information on this application is true to the best of my knowledge.

Contact Name (First and Last): __________________________________________________

Position in the Chapter: _________________________________________________________

Signature: ___________________________ Date: __________________________