

ZETA PHI BETA SORORITY, INC.
ZETA AMICA AUXILIARY OF THE GREAT LAKES REGION

Nominations Form for Amica of the Year Award - 2008
Statement of Qualifications - Please Print All Information

Name: _____ Amicae Auxiliary: _____

Sponsoring Zeta Chapter: _____ Location: _____

Date of initiation: _____ How did you first hear about the Zeta Amicae Auxiliary?

Please attach (one –page) description how the nominee exemplifies being an outstanding Amica and community leader. (Nominee’s experience and achievements should be included) along with three letters of recommendation.

List conferences attended since affiliation: (If more space is need, please attach to back.)

- National: _____
- Regional: _____
- State: _____

List offices/positions held within an Amicae Auxiliary: _____

List offices/positions held outside an Amicae Auxiliary: _____

Briefly state why the nominee should receive this award:

Optional: (personal information) please attach - Family, hobbies, and special skills/interest

~~~ Signatures indicated that nominee meets required qualifications for this award ~~~

Nominee _____ Date: _____

Auxiliary President: _____ Date: _____

Sponsoring Advisor/Designee: _____ Date: _____

Do Not Write Below This Line

Regional Amicae Treasurer: (validate financial status only) _____ Date _____

Date Received: _____ Meets qualification: **Y or N** Has all required document: **Y or N**

Regional Amicae Coordinator _____ Date _____