

ZETA PHI BETA SORORITY, INC.
ZETA AMICAE AUXILIARY
GREAT LAKES REGION

<p>Entry Form for Amicae Auxiliary of the Year Award - 2008 Statement of Qualifications - Please Print All Information</p>
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Name: _____ Amicae Auxiliary: _____

Sponsoring Zeta Chapter: _____ Location: _____

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

Briefly state why the auxiliary should receive this award:

~~~ Signatures indicate that the auxiliary meets the required criteria for this award ~~~

Nominee _____ Date: _____

Auxiliary President: _____ Date: _____

Sponsoring Advisor/Designee: _____ Date: _____

***** Please submit your Amicae Auxiliary Report for the competition along with the entry form.**

_____ *Do Not Write Below This* _____

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

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

Regional Amicae Coordinator _____ Date _____