

**Nomination Form
Alpha Kappa State
Outstanding Service Award**

The purpose of the Alpha Kappa State Outstanding Service Award is two-fold. First, we wish to recognize and honor the work of volunteers who help children in our communities, and second, we wish to gain public recognition for Delta Kappa Gamma Society International.

1. Name of member filing nomination:

Chapter and Position: _____

2. Name of nominee(s):

Address: _____

Phone: _____ (day) _____ (evening)

Email: _____

Occupation: _____

(If retired, use former occupation.)

3. Please describe the nature of the nominee's volunteer work, i.e. where, what, how long, etc. Use additional sheets if necessary. The more information you provide, the more it helps your nominee.
4. Include at least two (2) letters of recommendation from Chapter members, youth, or community members who have knowledge of the nominee and his/her volunteer work.
5. Submit this nomination form and additional information to:

Colleen Spieler
960 Bunker Hill Ave.
Waterbury, CT 06708

Form is due by Jan. 15, 2016. Call (203) 757-9539 or email
cspieler@sbcglobal.net if you have any questions.

Please keep copies of all submitted information for your chapter records.