*AWARD OF EXCELLENCE*

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|  | 🞂2016 Award of Excellence  *Charles and Cappy Whiteside*  *Greek Life Leadership Center*  **University of Arkansas**  **Walton Hall 101 Fayetteville, AR 72701** |
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|  | 🞂 **The Award of Excellence is an annual evaluation and award program to promote and reward actions taken that are congruent with the Greek Life principles of Scholarship, Service, Leadership, Philanthropy, and Brotherhood/Sisterhood. All Fraternity and Sorority Chapters are encouraged to complete the Award of Excellence Application so that they may have the opportunity to be recognized by the University of Arkansas Greek Life. Awards will be presented at the annual Order of Omega Greek Awards program.** |

*2015-2016 Application*

Greek Life will recognize chapters for their overall performance and accomplishments. In order to be recognized, chapters must be in compliance with the University of Arkansas, Greek Life and their respective council.

The applications will be evaluated by a selected group of impartial judges who include, but are not limited to, University faculty, staff, and students, as well as chapter advisors. Attached is a copy of the scoring sheet. Please note that partial points will not be issued. Additional criteria or guidelines are also attached for you to document your chapter’s performance and accomplishments. The judges will use this information to determine the 2016 Award of Excellence recipients.

The application/report should be detailed and well documented in all areas. Limit material to what is SPECIFICALLY requested; all other material will be discarded. Pictures are highly encouraged and aid in documentation.

**Additional requirements:**

* ***Submit one copy of your completed application/report in a 3-ring binder or plastic cover. This application/report should be typed, professional, and checked for grammar and spelling. Please include a copy of this application at the front of your binder.***
* ***The application/report MUST be reviewed and signed by the chapter advisor and chapter president.***
* ***Late awards applications will be substantially penalized as award-winning chapters complete tasks on time!***
* ***For IFC & Panhellenic Chapters- The application/report documents chapter performance from January 1, 2015 through December 11, 2015. For NPHC & UGC chapters- The application/report documents chapter performance from March 1, 2015- February 29, 2015.***

**DUE DATE*: Applications are due by 5pm March 28, 2016 in the Greek Life Office for all councils.***

**If you have any questions regarding this application, please contact Carissa Kelly at** [**cykelly@uark.edu**](mailto:cykelly@uark.edu) **or by phone at (479)575-5001.**

*Score Sheet & Criteria*

*for Award of Excellence Report*

Chapter President\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter Advisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **ACADEMICS**

*Please provide the official grade report as documentation for numbers 1 and 2 of this section.*

|  |  |
| --- | --- |
| 1. Grade point average meets or exceeds all campus average (15pts. per semester) | \_\_\_\_/30 |
| 1. Grade point average meets or exceeds all men’s/women’s average (10pts. per semester) | \_\_\_\_/20 |
| 1. Meets Scholarship & Academic Achievement Criteria as outlined below | \_\_\_\_/20 |

*TOTAL NUMBER OF POINTS \_\_\_\_\_\_/70*

**SCHOLARSHIP & ACADEMIC ACHIEVEMENT**

*Please include information and documentation for the following:*

* In detail, please describe the components of your academic support/assistance program.
* In detail, please describe any recognition programs, academic incentive programs, and/or financial scholarships your chapter offers to members. Please indicate whether programs are local or national and what was awarded during the evaluation period.
* What is your chapter’s minimum grade point average for remaining in good standing with the chapter? What is the minimum grade point average for holding an office?
* Who is your chapter’s active faculty advisor (other than your regular chapter advisor), who assists you in the area of academics? Please describe how the faculty advisor assists the chapter. If your chapter doesn’t have a faculty advisor, what steps have you taken to recruit one? Is your chapter faculty advisor’s information on file in the Greek Life office?
* Did anyone in your chapter apply for or receive scholarships from University of Arkansas and/or your national Organization/Foundation?

Chapter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section Prepared by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **EDUCATIONAL PROGRAMMING** (10pts each per semester)

*Please provide at minimum a program outline (see below\*) of each program the chapter sponsored or attended including learning outcomes as documentation for numbers 1-6 of this section.*

|  |  |
| --- | --- |
| 1. Scholarship Program (tutoring, study hours etc.) | \_\_\_\_/20 |
| 1. Multicultural/Diversity Program | \_\_\_\_/20 |
| 1. Sexual Assault/Safety Program | \_\_\_\_/20 |
| 1. Health Education Program | \_\_\_\_/20 |
| 1. Career/Financial Planning Program | \_\_\_\_/20 |
| 1. Meet Educational Programing as outlined below | \_\_\_\_/20 |

*TOTAL NUMBER OF POINTS \_\_\_\_\_ /120*

**EDUCATIONAL PROGRAMMING**

*Please include information and documentation for the following:*

* Did your chapter participate in any multicultural activities and/or events this year such as M.L.K. Events, Dancing with UGC etc.? Please explain your chapter’s involvement.
* \*Please note programs the chapter attended or sponsored in the area of educational programs (scholarship, leadership, sexual assault, diversity, etc.).
  + Program documentation should follow the following format:
    - Name of program
    - Date
    - Number of chapter members/nonmembers in attendance
    - Program objective: place objective here (i.e. diversity, leadership development, career/financial planning, etc.)
    - Learning Outcomes (what did you gain from this?)

Chapter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section Prepared by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Community Service/Philanthropy**

*Please provide documentation you deem relevant for this section.*

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| --- | --- |
| 1. Preform hands-on Community Service (15 pts per semester) | \_\_\_\_/30 |
| 1. Conduct a philanthropy project/event | \_\_\_\_/10 |
| 1. Participates in another groups philanthropy or community service project (5pts per semester) | \_\_\_\_/10 |
| 1. Meet Community Service/Philanthropy Criteria outlined below | \_\_\_\_/60 |
| 1. Bonus: Volunteers with other chapters/councils philanthropy events | \_\_\_\_/20 |

*TOTAL NUMBER OF POINTS \_\_\_\_\_ /110 (bonus not included)*

**COMMUNITY SERVICE/PHILANTHROPY**

*Please include information and documentation for the following:*

* Please describe and list all chapter sponsored/co-sponsored service projects/philanthropies for the evaluation period. List and describe each project, locations, number of members involved, amount of money and/or service hours donated, and the outcomes of the project (random checks will be conducted to insure accuracy).
* Does your national organization have a national charity/philanthropy? If so, please indicate in detail if and how your chapter was involved with your national charity/philanthropy. (If you don’t have a national charity/philanthropy, please indicate your chapter’s local charity/philanthropy. Indicate your chapter’s involvement with this charity/philanthropy.)
* Does your chapter perform services or participate in initiatives that directly benefit UA and/or UA students? If so, please list and describe your chapter's involvement.
* Please describe how community service/philanthropy activities have positively impacted your chapter’s brotherhood/sisterhood.
* Please note the community service efforts of your individual chapter members. A good way to document this would be using the VAC.
  + The following format should be followed:
    - Member’s Name
    - Where service was completed
    - Total Number of hours#
    - Continue on with other individuals in the same format.

Chapter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section Prepared by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **LEADERSHIP DEVELOPMENT**

*Please provide a list of member’s who participate in sections 1-6. If more members have participated then the required amount listed, feel free to include those additional names. In sections 4 and 5, please list their specific titles within those organizations.*

|  |  |
| --- | --- |
| 1. Participation in Greek Summit (5pts per member, Max. 25pts) | \_\_\_\_/25 |
| 1. Participation in Greek Getaway (5pts per member, Max. 15pts) | \_\_\_\_/15 |
| 1. Participation in AFLV Conference (10pts per member, Max. 20pts) | \_\_\_\_/20 |
| 1. Participation in RSO’s, Housing, ASG etc. (5pts per member, Max 40) | \_\_\_\_/40 |
| 1. Participation in Greek Life executive positions outside of chapter (ex. Council Executive Board, Order of Omega, New Greek Council, GLF etc.) | \_\_\_\_/40 |

*TOTAL NUMBER OF POINTS \_\_\_\_\_ /140*

Chapter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section Prepared by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **CHAPTER INVOLVMENT** (10 points per semester)

*Please provide at minimum an outline of the event/program including outcomes of the event as documentation for numbers 1-3 of this section.* ***Pictures are highly encouraged.***

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| --- | --- |
| 1. Co-Sponsored an event in collaboration with a non-Greek organization   (A non-Greek organization is defined as a registered student organization on the University of Arkansas campus) | \_\_\_/20 |
| 1. Co-Sponsored an event in collaboration with a chapter **outside** of one’s own council   (The organization must be a part of IFC, NPHC, UGC or PC at the University of Arkansas) | \_\_\_/20 |
| 1. Co-Sponsored an event in collaboration with another group within one’s own council | \_\_\_/20 |
| 1. Meet Greek Relations **AND** University Relations/Campus Involvement Criteria as outlined below | \_\_\_/40 |

*TOTAL NUMBER OF POINTS \_\_\_\_\_ /100*

**GREEK RELATIONS/GREEK COMMUNITY INVOLVEMENT**

*Please include information and documentation for the following:*

* Please describe how the chapter supported, co-sponsored and/or interacted with other chapters in the Greek Community – especially those in other councils. (i.e. correspondence, invited events, etc.). Please indicate name of chapters and specific interaction.
* Please describe any interaction with your national organization. List any awards or honors received during the evaluation period. (Include individual member awards as well).

Chapter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section Prepared by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UNIVERSITY RELATIONS/CAMPUS INVOLVEMENT**

*Please include information and documentation for the following:*

* Please describe campus (non-Greek) activities (i.e. University department sponsored events, guest lectures, awareness weeks) in which the chapter participated, sponsored or co-sponsored. Indicate the specific activity and involvement.
* Please describe how the chapter participated in Homecoming 2015. Include awards won and organizations paired with.
* Please describe chapter activities that have enhanced University relations. Please include events aimed at enhancing faculty relations. Be specific and provide documentation.
* Has your chapter hosted any campus officials, faculty, or community members? Provide a list of guests, dates, and information regarding any talks they have given.
* Did any chapter members meet with campus officials, other than Greek Life Staff or conduct officers, during the evaluation period? Please provide the date and why. Ex. Chartwheels, Alumni Association etc.

Chapter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section Prepared by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **EFFICIENCY**

***Sections 1-4 to be filled out by Greek Life Office***

|  |  |
| --- | --- |
| 1. Complete and submit paperwork/forms on time (5 points per semester) |  |
| * Registered Student Organization Form | \_\_\_\_/10 |
| * New Member (Bid Day and Intake Cards) | \_\_\_\_/10 |
| * Community Service Forms | \_\_\_\_/10 |
| * Educational Forms | \_\_\_\_/10 |
| * Chapter Demographic Forms/Chapter Roster | \_\_\_\_/10 |
| 1. Attends Council Meetings  * Attended all council meetings (10 pts.) * Chapter missed one council meeting (5 pts.) | \_\_\_\_/20 |
| 1. Chapter Advisor’s contact information is on file (10 pts. per semester) | \_\_\_\_/20 |
| 1. Meets with Office of Greek Life staff as scheduled (10 pts. per semester) | \_\_\_\_/20 |
| 1. Meets Chapter Management Criteria as outlined below | \_\_\_\_/30 |

*TOTAL NUMBER OF POINTS \_\_\_\_\_ /140*

**CHAPTER MANAGEMENT**

*Please include information and documentation for the following:*

* Does the chapter have an active advisory board and/or house corporation? Please indicate names and titles and describe their involvement and responsibilities in the management of the chapter.
* How are officers transitioned? Do they participate in an officer retreat? Who facilitates their transition/retreat?
* Does the chapter offer any recognition to members for service/leadership they have provided? (i.e. scholarships, awards, conference/leadership academy registrations). If so, please describe.
* How is information communicated with chapter members? (i.e. meetings, newsletters, websites, list-servs, group me’s, etc.)
* Please note programs the chapter attended or sponsored in the area of chapter management.
  + Program documentation should follow the following format:
    - Name of program, Date, Location, Participants (i.e. new members, exec board, entire chapter, officers, etc., Facilitator: (i.e. guest speaker, alumnus, chapter advisor, chapter members, etc.)
    - Continue on with other programs in the same format.

Chapter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section Prepared by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RISK MANAGEMENT**

*Please provide the following documentation for this section:*

* *For number 1 no documentation is necessary.* ***Greek Life will score this portion.***
* *For numbers 2 and 3 please provide at minimum an outline of the program including learning outcomes.*
* *For numbers 5 and 6 no documentation necessary.* ***Greek Life will score this portion.***

|  |  |
| --- | --- |
| 1. Chapter was not responsible for any violation of university policy (15 pt. per semester) **Greek Life will score this portion**. | \_\_\_/30 |
| 1. Risk management program (5 pts. per semester) | \_\_\_/10 |
| 1. Alcohol Education program (5 pts. per semester) | \_\_\_/10 |
| 1. Meets Risk Management Criteria as outlined below | \_\_\_/30 |

**Additional Required Points for Organizations with a Chapter House\***

|  |  |
| --- | --- |
| 1. Semester Fire Drill/Tornado Drill (5 pts. per semester) | \_\_\_\_/10 |
| 1. Semester Fire Inspection w/ university officials (5 pts. per semester) | \_\_\_\_/10 |

*TOTAL NUMBER OF POINTS \_\_\_\_\_ /80 OR \_\_\_\_\_ /100\**

**RISK MANAGEMENT**

*Please include information and documentation for the following:*

* Please include a description of your chapter’s local risk management policy.
* Please describe how you achieve compliance with university, chapter, council and national/international policies.
* Did the chapter conduct a risk management workshop or seminar, which covered University, Chapter, Council, and/or national/international policies and procedures?
* Please note programs the chapter attended or sponsored in the area of risk management or health and safety.
  + Program documentation should follow the following format:
* Name of program, Date Number of chapter members in attendance, program objective (i.e. alcohol education, STD’s, drug use, date rape/sexual assault, etc.):
* Continue on with other programs in the same format.

Chapter Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section Prepared by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_