

**MUST attach photograph here**

## Xi State Nomination's Recommendation

**Application Deadline: October 31, 2012**

Instructions: Complete all blanks with specific responses.

### Personal Data

**Name:** (include Dr., Mrs., Ms., Miss)

**Chapter:**

**Area:**

**Years in Delta Kappa Gamma:**

**Street Address:**

**City, State, Zip Code:**

**Home phone:** (   )

**Work phone:** (   )

**Cell phone:** (   )

**Email address:**

**Position for which nominated:**

*(Xi State officer, chairman of Nominations Committee, member of Nominations, Finance, Personnel committee or Vision Foundation Director)*

### Delta Kappa Gamma Activities

**Offices Held:**

**Dates (Indicate C for Chapter, S for State)**

**President**

**First Vice-President**

**Second Vice-President**

**Recording Secretary**

**Corresponding Secretary**

**Treasurer**

**Committee Assignments (Indicate C for Chapter, S for State, Ch for Committee Chairman). Feel free to include additional page if necessary.**

**Conventions Attended**

**Dates and Location**

**State**

**Regional**

**International**

<b>Workshops &amp; Legislative Seminars Attended:</b>			
<b>Other Activities:</b>			
<b>Additional Experiences</b>			
<b>Membership in Professional &amp; Civic Organizations:</b>			
<b>Offices/Positions Held:</b>			
<b>Education Experience/Background</b>			
<b>Present School Assignment:</b>			
<b>Title:</b>		<b>Years in present position:</b>	
<b>Years of Employment in Education:</b>			
<b>Educational Background:</b>			
<b>Other Pertinent Information:</b>			
<b>Authorization/Permission</b>			
<b>Name of Person Submitting this Nomination:</b>			
<b>Home phone: ( )</b>		<b>Cell phone: ( )</b>	
<b>Chapter:</b>		<b>Email Address:</b>	
The person nominated has the endorsement of our chapter. (Endorsements and/or letters of recommendation from chapters or individuals are not necessary but may be sent if desired.)			
<b>Chapter President's Signature:</b>			
<b>Chapter Name:</b>			
<b>Home phone: ( )</b>		<b>Cell phone: ( )</b>	
<b>Email:</b>			
I hereby give permission for my name to be placed in nomination for the above named office/position or others suggested by the Nominations Committee. I understand that the Committee will contact me for permission if a change is made from the office or position listed above.			
<b>Nominee's Signature:</b>			
Return this form no later than October 31, 2012, to  Mrs. Gail H. Watson 143 South Carolina Ave. Sewanee, TN 37375		For more information, call or email Gail Watson at  (931)-598-0120 <a href="mailto:gailwatson@bellsouth.net">gailwatson@bellsouth.net</a>	