

ORDER OF AHEPA CITRUS DISTRICT



DISTRICT NUMBER TWO

BEST CHAPTER AWARD APPLICATION

YEAR OF APPLICATION: _____

Covers one year July 1st to June 30

I. CHAPTER INFORMATION

1. Name of Chapter: _____
2. Chapter Number: _____
3. Chapter Chartered: Month _____ Day _____ Year _____
4. Chapter City: _____
5. Present Membership (current fiscal year) _____
6. Total Members Paid as of Application Deadline: _____
7. Dues per year (individual amount per member): \$ _____
8. Does your chapter collect district dues from life members: (circle one) YES / NO
9. Members Initiated past year: _____
10. Re-instatements past year: _____
11. Transfers past year: _____
12. Treasury TOTAL balance as of May 31st (or date of application submission): _____
13. Individual Accounts: (fill in all that apply)
 - i. Operating Account: \$ _____
 - ii. Scholarship Account: \$ _____
 - iii. Building Account: \$ _____
 - iv. Other Account 1: \$ _____ Explain: _____

 - v. Other Account 2: \$ _____ Explain: _____

14. Does the Chapter own an AHEPA Home? (circle one) YES / NO
15. If YES, list address of all homes: _____

16. If YES, list dollar value of all homes: _____

17. Does your chapter collect the email addresses of all members? (circle one) YES / NO

18. How many of your members are registered voters? _____

19. Did your chapter award twenty five year membership pins? (circle one) YES / NO

a. If yes, how many? _____

20. Did your chapter award fifty year membership pins? (circle one) YES / NO

a. If yes, how many? _____

II. CHAPTER ACTIVITIES:

21. WHERE DOES YOUR CHAPTER MEET? _____

22. Total meetings held this year: _____

23. Total special meetings called this year: _____

24. Regular chapter business meetings per month? _____

25. Other regular chapter meetings per month? _____

26. Are meetings Ritualistic? (circle one) YES / NO

27. Does the Chapter have a Degree Team? (circle one) YES / NO

i. If yes, on a scale of one to ten, please rate your degree team: (circle ONE number)
(poor) 1 - 2 - 3 - 4 - 5 (average) - 6 - 7 - 8 - 9 10 (excellent)

28. Do officers have regular meetings in addition to chapter meetings? (circle one) YES / NO

i. How often are officer meetings per month? _____

ii. Are officer meetings on a regular schedule? (circle one) YES / NO

29. Does your chapter have combined meeting with other branches of the AHEPA Family?
(circle one) YES / NO

30. Does your chapter have a Chapter Scholarship Program? (circle one) YES / NO

i. If yes, please describe: _____

31. Did your chapter host any Dinners? (circle one) YES / NO

a. If yes, how many? _____

32. Did your chapter host any Dances? (circle one) YES / NO

a. If yes, how many? _____

33. Did your chapter participate in the Greek Independence Day parade? (circle one) YES / NO

a. If yes, how many members ? _____

b. Describe participation:

III. COMMUNITY PROGRAMS

34. Blood Bank Drives? (circle one) YES / NO

35. AHEPA Cooley's Anemia Program? (circle one) YES / NO

36. Athletic Program?: (circle one) YES / NO

Please Describe if yes: _____

37. Church Projects Activities: (circle one) YES / NO

Please Describe if yes: _____

38. OTHER: (circle one) YES / NO

Please Describe: _____

39. OTHER: (circle one) YES / NO

Please Describe: _____

If you have additional specific activities continue on another sheet of paper. BE BRIEF.

40. Has your chapter met with a U.S. House of Representatives Member? (circle one) YES / NO

a. If yes, name: _____

41. Has your chapter met with a U.S. Senator for your State? (circle one) YES / NO

a. If yes, name: _____

42. Has your chapter urged members to write or email to elected officials about any Hellenic issue this past year?
(circle one) YES / NO

43. Has your chapter met with state or municipal elected officials? (circle one) YES / NO

44. Did the chapter invite ANY elected officials to speak to your chapter? (circle one) YES / NO

a. If yes, how many: _____

b. If yes, who was invited: _____

c. If yes, did they accept the invitation: (circle one) YES / NO

45. Did your chapter appear in any non-AHEPAN publications? (circle one) YES / NO

i. If yes, where and when: _____

ii. Did the appearance specifically state "Order of AHEPA"? (circle one) YES / NO

iii. Please attach news clipping if possible.

IV. DISTRICT PROGRAMS

46. Amount contributed to the District Two Scholarship Fund \$ _____

47. Amount contributed to the District Two Operating Fund \$ _____

48. Amount paid to District Letter Fund \$ _____

49. Any other donation or financial contribution to the District \$ _____

50. How many Delegates attended the District Convention last year? _____

51. List all District Convention Committees the Delegates served: (make note of chairmanships)

52. List all convention offices held last year by your members:

53. List all District standing or District special committees in which your members served: (note chairmanships)

V. NATIONAL PROGRAMS:

54. Did your Chapter participate in AHEPA National Congressional Banquet or AHEPA Capitol Hill Day: (circle one) YES / NO

a. If yes, Members Attending: _____

55. Did your chapter send Delegates to the National Convention? (circle one) YES / NO

a. If yes, how many? _____

56. Did your chapter send Alternates to the National Convention? (circle one) YES / NO

a. If yes, how many? _____

57. List all National Convention Committees the Delegates served: (make note of chairmanships)

58. List all National offices held last year by your members:

59. List all National standing or National special committees in which your members served: (note chairmanships)

60. List all National Athletic Events Participation:

61. List all National Projects Participation:

62. List all National Church Projects Participation:

63. List all National Scholarship Participation:

64. List all other National Participation:

VI. AHEPA FAMILY

65. Daughters of Penelope affiliated with your Chapter? (circle one) YES / NO

a. If yes number of members? _____

66. Sons of Pericles affiliated with your Chapter? (circle one) YES / NO

a. If yes number of members? _____

67. Maids of ATHENA affiliated with your Chapter? (circle one) YES / NO

a. If yes number of members? _____

THIS REPORT COVERS ACTIVITIES OF OUR CHAPTER

CHAPTER NAME: _____

CHAPTER NUMBER: _____

CITY: _____

For the reporting period of July 1st to June 30th of the year _____

Signed this Date: _____

Signed this Date: _____

CHAPTER PRESIDENT

CHAPTER SECRETARY

Application must be mailed to the address officially listed for the District Secretary via certified mail as outlined by the by laws of the Order of AHEPA and local by laws of Order of AHEPA District Two. (copies can be found on www.AHEPAD2.org)