

**THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL**

**The Connecticut State Organization Achievement Award**

**Rationale for Recommendation**

**Qualifications of Nominees:**

- Significant contribution to Delta Kappa Gamma (Chapter, state, and International)
- Active in Connecticut State Organization.
- Active in Chapter for at least ten years
- Has held a state office or has been a state committee chair
- Attends some Regional Conferences and International Conventions

*A posthumous award may be given to a deceased member's family or chapter if a deceased member has met the above criteria.*

**Using the above criteria, explain why you (or your chapter) are recommending this member to be a nominee for the CT State Organization Achievement Award. Include evidence of the nominee's commitment and contributions to the seven purposes of Delta Kappa Gamma; any pertinent information related to a position she held or work she has undertaken at the Chapter, State, and International levels; and any other relevant information related to the qualifications.**

Please include the following information at the head of each recommendation page:

- Name of the award: Connecticut State Organization Achievement Award
- Nominee's name
- Name of person/chapter writing recommendation
- Date
- Signature of person writing the rationale

**All information on the candidate must be postmarked or sent electronically to CT State Organization 2<sup>nd</sup> Vice President by January 1, 2023. Nomination Forms and Rationale Forms received after the closing postmark date of January 1, 2023, will not be considered.**

If you would rather fill out this form electronically, please click [here](#).

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**THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL**

**The Connecticut State Organization Achievement Award**

**Nominee's Name:** \_\_\_\_\_

Traditionally members are not notified that they have been nominated. If chosen to be an award recipient, the honoree will be notified by the Achievement Award Chair. The Chapter will also be informed that the nominee has been selected.

**Procedure:** Either part a. or part b. needs to be completed. Your Rationale for Recommendation sheets should be attached.

a.) If this candidate was nominated by an individual, this individual and two others need to write a Rationale for Recommendation. Rationales must be presented to the nominee's chapter for endorsement.

- 1. Individual nominating the member: \_\_\_\_\_ Chapter: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Chapter: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Chapter: \_\_\_\_\_

b.) If this candidate was nominated by a chapter, a simple majority of those present is required. After the chapter vote, a member of the chapter and at least two other members must write a rationale for endorsement.

- 1. Chapter Member & Chapter \_\_\_\_\_
  - 2. Chapter Member & Chapter \_\_\_\_\_
  - 3. Chapter Member & Chapter \_\_\_\_\_
- (Additional endorsements may be included.)

**The Nominee's Chapter needs to complete the following information:**

1. Name of person recommended:  
Title            Given name            Middle Initial            Last name  
\_\_\_\_\_

2. Address of person recommended  
Street and number: \_\_\_\_\_  
P.O. Box: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone number: \_\_\_\_\_

3. Name of current chapter: \_\_\_\_\_  
4. Date of Initiation into Delta Kappa Gamma: \_\_\_\_\_

5. Chapter Achievements/Dates achieved:

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6. State involvement and achievements/Dates:

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7. International involvement/achievements/Dates: Include Regional Conferences and International Conventions attended, committee membership, conference or convention presentations, leadership training, Golden Gift training, scholarships received.

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8. Endorsement of Members' Chapter President: \_\_\_\_\_

Date: \_\_\_\_\_

Chapter: \_\_\_\_\_

**Note: Application and rationales for endorsements should be sent to the CT State Organization 2<sup>nd</sup> Vice President. This must be postmarked no later than January 1, 2023. Nominations Forms and Rationales received after the closing date will not be considered.**

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Date Received: \_\_\_\_\_