

# Merit Award and Alpha Affiliate Programs

#### **Application Form**

Download and save this form before completing.

This form should be completed digitally, typewritten, or printed legibly in dark ink.

*Nomination for the	year* Date:
Award(s) Sought:	
☐ Man of the Year	☐ Scholar of the Year
☐ Talent of the Year	☐ Athlete of the Year
Alpha Alumni Chapter A	ffiliate [current academic year graduates only]
	Applicant Information
Full Name:	
Chapter & Initiate Number:	
College/University:	
Mailing Address:	
Date of Birth:	Graduation Date:
Telephone:	Email:
Major:	GPA (Cumulative):
Career Objectives:	



### **Involvement and Leadership**

List offices and/or positions held in the following areas, indicating dates of involvement where appropriate.

Sigma Nu (include committee memberships):	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
Interfraternity Council (include committee memberships):	
1.	
2.	
3.	
Campus Fraternity/Sorority Community (e.g., joint IFC/Panhellenic or All-Greek committees):	
1.	
2.	
3.	
<b>Involvement with Sigma Nu General Fraternity</b> (include attendance at Fraternity conclaves and events – Grand Chapter, College of Chapters, Sigma Nu Institute):	
1.	
2.	
3.	
Chapter, IFC and Sigma Nu General Fraternity Honors:	
1.	
2.	
3.	
4.	
5.	



## **Campus and Community Leadership**

Please also indicate the years in which you participated

in the activities or received honors regarding the questions below.
What activities in college and/or community have been meaningful to you?
What offices or positions have you held in your local school and/or community?
Name two or more hobbies or special interests you have:
Have you been employed part-time during school or in summers? If so, list your jobs.
If not employed, list one or more of your summer activities for the past two summers.



### **Campus and Honorary Organization Involvement**

List campus organizations and honorary societies of which you are a member (excluding Sigma Nu or IFC). You may attach a supplemental document with this information if additional space is needed.

	Organization	Year(s) Affiliated	Office(s) Held
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			



### Scholarships, Awards, and Honors

List any scholarships, honors, or awards you have received, excluding membership in organizations. You may attach a supplemental document with this information if additional space is needed.

	Organization	Year(s) Affiliated	Office(s) Held
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			



#### **Personal Statement**

This portion of the application is intended to help the reader obtain a better sense of you as a person and student. You are free to use whatever approach to this assignment you find most appropriate. However, the review committee hopes that in your own way you will deal with some, or all, of the following areas of concern: 1) the factors (i.e., family, culture, education, etc.) that have most influenced your development as a person committed to pursuing a college education; and 2) your vision of yourself as a member of the profession you wish to pursue.

It is not useful to repeat information here which is presented elsewhere in the application. You may attach a separate document, if needed, but the personal statement should not be more than two (2) pages in length (in this case, please indicate such in the space below and attach your personal statement as a separate document in your final submission).

State concisely what you feel you have contributed to your chapter and college/university, and finally, what Sigma Nu means to you.



	<b>Application Check</b>	klist					
☐ Completed Nomination For	<b>m</b> (this packet)						
Personal Statement (includ	Personal Statement (included in the space provided on page 6 or as a separate document)						
	n completed by the Commander or L chapter's support for the award sou	t. Commander confirming the applicant is in ight)					
High Resolution Photo of Ap or email separately to head		MB in size – attach as image file to submission					
Official Transcript (Scholar	of the Year applicants ONLY)						
Recommendation Letters (	3 or more are required):						
Recommender #1:							
	(Name)	(Relationship)					
	(Email Address)	(Phone)					
Recommender #2:	(Name)	(Relationship)					
	(Email Address)	(Phone)					
Recommender #3:	(Name)	(Relationship)					
	(Email Address)	(Phone)					
APPLICANT STATEMENT							
		false, incomplete, or misrepresentative in any ration for a Merit Award or Alpha Alumni Chapter					
		ation available when reviewing applications for linary records of the General Fraternity, if					
-	understand the above Applicant Sta aplete and true to the best of my know	itement and that all information I have supplied wledge.					
	Signature	 Date					
• •	•	rith all supporting documentation, no later than rters@sigmanu.org, or to the address below.					

Sigma Nu Awards Program 9 N. Lewis Street P.O. Box 1869 Lexington, VA 24450