The Delta Kappa Gamma Society International

Alpha Alpha State

**Nomination for “Album of Distinction” 2015**

Name of Nominee:

Complete Address:

Phone: ( ) E-mail:

Chapter: Date of Initiation:

Membership Status: (circle one): Active Reserve Honorary

Current Professional Position / Location (if retired, please include previous position)

Description of Distinction received between April 1, 2014 and April 1, 2015 (include attachments if necessary):

How has the nominee’s distinction fulfilled one or more of the seven purposes of The Delta Kappa Gamma Society International? Please support your recommendation with specific examples.

Has the nominee previously received an “Album of Distinction” award?

If so, what year?

Person completing this form:

Signature:

Chapter:

Signature of Chapter President:

Complete Address:

Phone: ( ) E-mail:

**\*\*\*INCLUDE A WALLET SIZE PHOTO OF THE NOMINEE!!!\*\*\* (jpeg preferably) NO APPLICATION WILL BE ACCEPTED WITHOUT THE PICTURE INCLUDED**

**Deadline for submission of form postmarked by April 1, 2015**

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