

**ALPHA ALPHA STATE ENDORSEMENT FORM**

The Nominations Committee will accept no more than 3 endorsement forms for a candidate. If desired the Endorsement Form may be used to share more information about the qualities and leadership capacity of a particular candidate for an elected position. ***This form must be postmarked or submitted electronically by October 10, 2014 to be considered.*** Submit form to Louann Shrader, 205 Oak Hill Circle, Hanover, PA 17331 or email lshrader@embarqmail.com

Name of individual being endorsed

Position for which she has been endorsed

Based on your personal and professional knowledge of the individual why do you support her candidacy for this position. Please include in what capacity you have worked with the person, and the specific skills, strengths, and qualities she possesses. Include specific incidents that support the skills, strengths, and qualities mentioned. Please limit your response to 250 words. An additional sheet may be attached.

Endorser’s Name: Chapter (if applicable): Endorser’s Position in Delta Kappa Gamma or Professional

Position: Endorser’s Email: Endorser’s Phone Number: