



**PENNSYLVANIA STATE ORGANIZATION
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 submitted electronically by October 10, 2020 to be considered.*** Submit form to Barbara L. Gasperini, Pennsylvania State Nominations Chairman at BarbeeMG@aol.com,

NAME OF INDIVIDUAL BEING ENDORSED _____

POSITION FOR WHICH SHE IS BEING ENDORSED _____

Based on your personal and professional knowledge of this 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 _____

Endorser's Position in Delta Kappa Gamma or Professional Position _____

Endorser's Email _____

Endorser's Phone Number _____