

PATRONESS SWORD of HONOR Application (Sapphire Sword)

NH Use: FMS # _____ - _____
Invoice # _____ Forms Received- _____ of _____

Date: _____ Region: _____ Province: _____ Chapter: _____

Candidates for the Patroness Sword of Honor should not be recommended for this honor unless *all* requirements and provisions as outlined in the Articles of Association, the Bylaws and the Chapter Procedures Manual have been met. **Please do not schedule** presentation of this award any sooner than three (3) weeks after the date this application is mailed to your Province Officer. This will allow time for the approval and sword to reach the chapter. Receipt of the Patroness Sword guard constitutes your PO's approval. **DO NOT conduct the Patroness Sword of Honor ceremony until the guard is received from National Headquarters.**

Send two (2) copies of this form to your Province Officer by March 1.

Candidate's name: _____ NH Use: FMS #: _____ - _____ Award recorded in database?

Initiating chapter: _____ Date of Initiation: _____

Current chapter affiliation: _____

Date scheduled for ritual and presentation of guard: _____

Candidate's Record

- Has paid all financial obligations to date
- Has a satisfactory attendance record
- Has fulfilled all obligations of chapter membership
- Has fulfilled all duties of committees and offices held

1) How has this Patroness supported the ideals of SAI?

2) Give examples of her support for the chapter:

3) If this Patroness has taken the special Fraternity Education, list any chapter offices she has held:

4) In what ways has the candidate brought inspiration to the chapter?

Signature of Chapter Officer: _____ Title: _____

<p>Sword of Honor guard is to be sent to (<u>NOT</u> the recipient!):</p> <p>Name: _____</p> <p>Address/Chapter address (unless recipient collects chapter mail):</p> <p>_____</p> <p>_____</p> <p>City: _____ State: _____ ZIP: _____</p> <p>Daytime phone # (with Area Code): _____</p> <p>E-mail: _____</p>	<p>Province Officer's remarks (may be continued on the back of this form):</p> <p>_____</p> <p>Signature/Approval: _____ Date: _____</p> <p>PO: Forward 1 copy to NH</p>
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NH Use Only: NH Approval Letter Jewelry — Items shipped/method:

