

SWORD of HONOR Application

NH Use: FMS # _____ - _____

Invoice # _____ Forms Received- _____ of _____

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

Candidates for the 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 Sword guard constitutes your PO's approval. **DO NOT conduct the 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. (*Deadline extended on a case-by-case basis*)

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

Initiating chapter: _____ Date of Initiation: _____

Date scheduled for ritual and presentation of guard: _____

Candidate's Record

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

- 1) List chapter offices and committee positions held, including length of term:

- 2) If granted on the basis of her work in the chapter, what has she done that would be considered over and above the duties required by her office(s)?

- 3) If granted on the basis of community/campus leadership, what has she accomplished in this area?

- 4) In what ways has the candidate brought inspiration and information to the chapter, from either contact with Province and National Officers or from her own fraternity spirit?

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 (<i>unless recipient collects chapter mail</i>):</p> <p>_____</p> <p>_____</p> <p>City: _____ State: _____ ZIP: _____</p> <p>Daytime phone # (<i>with Area Code</i>): _____</p> <p>E-mail: _____</p>	<p>Province Officer's remarks (<i>may be continued on the back of this form</i>):</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:*

