

ROSE of HONOR Application

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

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

Candidates for the Rose of Honor should not be recommended for this honor unless 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 award to reach the chapter. Receipt of the Rose guard constitutes approval. **DO NOT conduct the Rose of Honor ceremony until the guard is received from National Headquarters.**

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

PLEASE NOTE: If she approves the granting of this award, your Province Officer will forward the completed applications to the Regional Officer. If she approves the award, the Regional Officer will forward both copies to National Headquarters for processing.

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

Initiating chapter: _____ Date of Initiation: _____

Date scheduled for ritual and presentation of guard: _____

Candidate must have the Sword of Honor or Patroness Sword of Honor to be eligible for this award.

Yes, she has the Sword of Honor or Patroness Sword of Honor

List other Fraternity awards given to this candidate: _____

List all chapter affiliations: _____

Please tell why this Rose of Honor recommendation is being made. Be sure to include adequate detail concerning this candidate's musicianship, activities, Fraternity service, etc. Your Province Officer and the Regional Officer may not be familiar with some of this information.

MUSICIANSHIP/ACTIVITIES:

Local Chapter:

Fraternity:

Community:

Signature of Chapter Officer: _____ Title: _____

Province Officer's remarks concerning eligibility of this candidate:

*Rose of Honor guard is to be sent to (**NOT** the recipient!):*

Name: _____

Address/Chapter address (*unless recipient collects chapter mail*):

City: _____ State: _____ ZIP: _____

Daytime phone # (*with Area Code*): _____

E-mail: _____

Signatures of Approval

Province Officer: _____ Date: _____

Regional Officer: _____ Date: _____

*Province Officer: Forward two (2) copies of this application to the Regional Officer.
Regional Officer: Forward two (2) copies of this application to National Headquarters.*

NH Use Only: NH Approval Letter Jewelry — *Items shipped/method:*

NH USE: Place Label Here