

**SAI NATIONAL OUTSTANDING ADVISOR AWARD**

*For recognition of an Outstanding Advisor for a Collegiate Chapter of Sigma Alpha Iota*

REGION: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ CHAPTER: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

This form is to be completed by the chapter and sent to the Province Officer by **May 15<sup>th</sup>**.

Be certain to attach the chapter president's letter of support. The Province Officer will forward her nomination to National Headquarters.

**Forms must be postmarked by May 15<sup>th</sup>, to be considered by the Province Officer.**

CANDIDATE'S NAME: \_\_\_\_\_

INITIATING CHAPTER *(if a member of SAI)*: \_\_\_\_\_

1. Academic Achievements (degrees, honors, publications):

2. Professional Activities (campus/community/professional organizations):

3. Chapter Membership Growth and Development (Advisor's participation, motivation):

4. Chapter Leadership (Advisor's role, example, support):

5. Chapter Activities (Advisor's participation, support):

6. Chapter Management (Advisor's administrative control system, problem solving):

7. Professionalism (Advisor's demonstration and teaching of professionalism):

8. Enclose a letter of support signed by the Chapter President.

\_\_\_\_\_  
Signature of Chapter Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Signature of Province Officer

PO, PLEASE FORWARD BY JUNE 10<sup>th</sup>: One copy of this form to National Headquarters

**PO NOMINATIONS POSTMARKED AFTER JUNE 10<sup>th</sup> WILL NOT BE CONSIDERED**