

**2024-2025 Philanthropic Service Award**

**ALL AWARDS ARE DUE TO ANDREW RASH’S OFFICE (DSU 2070) BY NOON ON APRIL 2, 2025**

Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Award Requirements:**

**Please Note:**

* **Service hours completed by members for DUI’s/PI’s or court ordered service cannot be counted toward this or any other award**
* **No service hours/money raised can be signed off by alumni of the chapter**
* **Documented hours should be limited to the period of April 4, 2024 – April 2, 2025**
* **Events do not need to be for only the Greek community.**
* **All donations and service hours must be verified in writing by the benefitting organization for each individual member.**
* **Attending or participating other chapter’s philanthropy events (i.e. – pageants) does NOT count toward service hours, unless an actual service is performed (i.e. – adopt-a-highway clean-up)**
* **Hours required to be performed for a major/academic program, work, practicum, or paid/academic credit internships will NOT be counted.**

***\*\*\*Separate verification documents are required to meet the following criteria: 1, 2, 3, & 6\*\*\****

1. Chapters must have donated an average of $30 in cash and/or in goods donated per member (including new members). ***Proper documentation is required. Proper documentation includes signed/email verification from benefactor with dollars/value of goods donated, date given, and contact information of benefactor.***
2. Actives and new members must have performed an average of 28 hours of service per person. ***Proper documentation is required. Proper documentation includes signed or email verification form with dates, signature/contact information of benefactor, service performed, and number of hours.***
3. Attach typed community service program, which identifies goals and plan of action.
4. A philanthropic service officer must be active, with a committee if one is needed.
5. One philanthropic activity must be sponsored (or co-sponsored) from April 4, 2024 – April 2, 2025.
6. Chapter must have 25% of their active and new members participate in a combination of Midnight on the Hill or Dance Big Red. Participation is defined as creating a team, meeting all requirements of the teams, and participation in the finale events. ***Verification of team members and a signature of the advisor/executive director for that specific event is required.***
7. Chapter must participate in eight (8) philanthropic activities a year. ***Must include signature [in Excel chart below] of sponsoring philanthropic organization or chapter president OR Timestamped Email confirmation from sponsoring philanthropic organization or chapter president.***



**2024-2025 Philanthropic Service Award Application**

1. Amount of money donated between April 4, 2024 – April 2, 2025.

***Attach proper documentation. Proper documentation includes signed/email verification from benefactor of amount donated, date given, and contact information of benefactor.***

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| --- | --- | --- |
| **Benefactor:** | **Amount Given:** | **Date Given:** |
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**TOTAL DOLLARS DONATED:­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Dollar value of goods donated between April 4, 2024 – April 2, 2025.

***Attach proper documentation. Proper documentation includes signed/email verification from benefactor with dollar value of goods donated, date given, and contact information of benefactor.***

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| --- | --- | --- |
| **Benefactor:** | **Amount Given:** | **Date Given:** |
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**TOTAL DOLLAR VALUE OF GOODS DONATED:­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Money Donated: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (+) Goods Donated: $\_\_\_\_\_\_\_\_\_\_\_\_\_ = Sum: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sum: $\_\_\_\_\_\_\_\_\_\_\_ / # of Chapter Members \_\_\_\_\_\_ = $\_\_\_\_\_\_\_\_\_ per member (must be at least 30)**

1. List hours of service preformed between April 4, 2024 – April 2, 2025.

***Attach proper documentation. Proper documentation includes signed or email verification form with dates, signature/contact information of benefactor, service performed, and number of hours.***

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| --- | --- | --- | --- |
| **Services Performed** | **Benefactor:** | **Amount Given:** | **Date Performed:** |
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**TOTAL # OF SERVICE HOURS:­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL # of SERVICE HOURS / NUMBER OF MEMBERS =**

**AVERAGE # OF HOURS/MEMBER: \_\_\_\_\_\_\_\_\_\_\_**

1. Attach typed community service program, which identifies goals and plan of action.
2. List member(s) who serve on Philanthropy Chair and philanthropic service committee (if such a committee exists).

Philanthropy Chair:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Member (if used):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Member (if used):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Member (if used):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. List chapter sponsored philanthropic service project(s) – only one required:

**Project** **Benefactor Date**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Chapter must have 25% of their active and new members participate in a combination of Midnight on the Hill or Dance Big Red. Participation is defined as creating a team, meeting all requirements of the teams, and participation in the finale events. ***Verification of team members and a signature of the advisor/executive director for that specific event is required***.
4. Participation in 8 philanthropic activities. ***Must include signature [in Excel chart below] of sponsoring philanthropic organization or chapter president OR Timestamped Email confirmation from sponsoring philanthropic organization or chapter president.***

|  |  |
| --- | --- |
| **Event Name:** | **Signature of Sponsoring Philanthropic Organization or Chapter President:** |
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**2024 – 2025 Individual Volunteer Hour Documentation**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (coordinator’s name) certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (volunteer name) has completed \_\_\_\_\_\_ (number of hours) hours of service to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (benefactor) through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (what they did: cleaning, cooking meals, etc.) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date of service).

Should you have any questions, please contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (phone) or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (email).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date



**2024 – 2025 Group Volunteer Hour Documentation**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (coordinator’s name) certify that the attached names (please attach) have completed a total of \_\_\_\_\_\_ (number of hours for all members) hours of service to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (benefactor) through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (what they did: cleaning, cooking meals, etc.) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date of service).

Should you have any questions, please contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (phone) or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (email).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date



**2024 – 2025 Philanthropic Donation Documentation**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (benefactor/contact name) certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (organization or individual name) has donated $ \_\_\_\_\_\_\_ (donation) to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (benefactor).

Should you have any questions, please contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (phone) or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (email).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date