



THE ALPHA ETA SOCIETY

President's Award for Excellence in Chapter

Activities NOMINATION FORM

Name of Chapter to be Nominated: _____

Name of Chapter President: _____

Name of Academic Unit Dean/Director: _____

Chapter Address: _____

Reasons for Nomination: (Successes of a Chapter and/or its membership)

- Membership Recruitment
- Activities, Achievements and Outcomes
- Scholarship
- Leadership
- Service
- Other Contributions to the Allied Health Professions

Description of the Activities/Strategies Used to Achieve the Above Described

Accomplishments Nominated by: _____

Relationship to Nominated Chapter: _____

NOMINATIONS MUST BE EMAILED BY AUGUST 16, 2024 AND SEND

To:

cgunter@wcupa.edu