



KAPPA ALPHA PSI FRATERNITY, INC.®

NORTH CENTRAL PROVINCE BERT V. WADKINS AWARD

GUIDE RIGHT DIRECTOR OF THE YEAR

Directions: Follow the outline presented below. Letters of support are to be attached to the document. Other items of documentation; newspaper articles, citations, etc. should be included as available.

Personal:

Name: _____

Present Chapter Affiliation: _____ Province: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Education:

Undergraduate School: _____ Degree: _____

Major and Year Degree Earned: _____

Graduate School: _____ Degree and Year: _____

Graduate (or Professional) School: _____ Degree and Year: _____

Postgraduate or Additional Training: _____

Fraternity:

Chapter of Initiation: _____ Year of Initiation: _____

Current Chapter: _____

Local Chapter Involvement (exclusive of Guide Right/ Kappa League):

Province Involvement:

Grand Chapter Activities:

Fraternity Recognition and Awards:

Community Activities:

Non-Fraternity Recognitions:

Guide Right/Kappa League Activities

Period of Service From: _____ To: _____

Outline of Kappa League Programs (Please include on a separate sheet)

Number of Kappa League/Guide Right Participants: _____

CERTIFICATION:

This is to verify that the nominee is financial with our chapter

POLEMARCH

KEEPER of RECORDS

CHAPTER