ABC STUDENT CHAPTER OF THE YEAR AWARD APPLICATION

The ABC Student Chapter of the Year award recognizes an outstanding ABC Student Chapter for their accomplishments in programming, community service, communications/public relations, and interaction with its sponsoring ABC Chapter or member firm during the academic year.
ATTACHMENTS

Letter of Recommendation

Provide a brief letter from a school administrator or ABC member stating why your student chapter should be named ABC’s 2021 Student Chapter of the Year. The administrator must be someone other than your faculty advisor or ABC chapter staff contact.

Supporting Documents

Please attach any supporting documents upon application submission.

1. A list of guest speakers and topics discussed; include both ABC member and non-member speakers. (Please indicate who were the ABC member speakers if applicable)

2. A list of the events / programs your chapter held during the school year (workshops, membership drives, fundraisers, field trips, volunteer opportunities, etc.)

3. List any projects, meetings, or events that you attended at your sponsoring ABC Chapter and how many of your chapter members attended each (If your chapter did not attend any, please explain why)

4. An annual budget (income and expenses) for your chapter including all fundraising sources

5. An updated roster of your ABC Student Chapter members including email addresses

6. Photos or any media coverage where the ABC Student Chapter was recognized
STUDENT CHAPTER INFORMATION

Student Chapter Name: _______________________________________________________

College/University Name: ____________________________________________________

Supporting ABC Chapter/Member Firm Name: ___________________________________

Faculty Advisor Name: _______________________________________________________

Faculty Advisor Email: _______________________________________________________

ABC Chapter Staff/Member Contact Name: _____________________________________

ABC Chapter Staff/Member Contact Email: _____________________________________

Student Chapter Address: ______________________________________________________

___________________________________________________________________________

Please note: Provide the appropriate mailing address to receive award check if applicable.

STUDENT CHAPTER OFFICERS

President Name: _____________________________________________________________

President Email: ____________________________________________________________

Vice President Name: _________________________________________________________

Vice President Email: _________________________________________________________

Secretary Name: _____________________________________________________________

Secretary Email: _____________________________________________________________

Treasurer Name: _____________________________________________________________

Treasurer Email: _____________________________________________________________
STUDENT CHAPTER EVENTS/ PROJECTS

Please limit each description to 150 words or less.

1. Describe your most successful and/or unique fundraising project of the year; include how many chapter members attended and why you feel it was a success.

2. Describe your most successful and/or unique public service project or volunteer opportunity that your chapter participated in this year; include how many chapter members attended and why you chose to participate in the project.

3. Describe your most successful and/or unique construction project that your chapter participated in this year; include how many chapter members attended and why you chose to participate in the project.
ESSAY

In a paragraph of 250 words or less, please describe why your chapter should win ABC’s 2021 Student Chapter of the Year award.

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TERMS OF AGREEMENT

☐ By checking the box provided, you agree to verify that the information provided and supporting documents with this application is true as of the date below and to the best of your knowledge. If any information or documentation is found to be false, we understand that our application will be rendered ineligible.

SIGNATURES

Student Chapter President Signature: _____________________________ Date: ________

Faculty Advisor Signature: _____________________________ Date: ________

ABC Chapter Staff/Member Signature: _____________________________ Date: ________

For questions or concerns regarding the ABC Student Chapter of Year Award nomination form or process, contact Haley Moyers at moyers@abc.org or (202) 595-1974.