

POSTMARKED BY: May 15
CHAPTER PRESIDENT SEND ORIGINAL TO: Phi Upsilon Omicron, Inc.
P.O. Box 329
Fairmont, WV 26555
PROVIDE COPY TO: District Councilor, Advisor and Chapter File

ANNUAL REPORT-COLLEGIATE

DIRECTIONS: TYPE EACH HEADING AND SUB-HEADING, THEN THE REQUESTED INFORMATION.

TITLE: ANNUAL REPORT-COLLEGIATE

CHAPTER:

NAME:

DISTRICT:

DISTRICT COUNCILOR:

FAMILY & CONSUMER SCIENCES UNIT: *(Not sub-units unless you operate with ONLY separate units, then list each)*

INSTITUTION: *(e.g., University/College)*

ADDRESS: *(Room/Building/Street/City, State, Zip)*

PHONE NUMBER: *(Include area code)*

FAX NUMBER: *(Include area code)*

E-MAIL ADDRESS:

HIGHEST UNIT ADMINISTRATOR IN FAMILY & CONSUMER SCIENCES:
(Full name, Titles [e.g., Ph.D., Dean])

OFFICERS FOR NEXT SCHOOL YEAR: *(Month, Day, Year to Month, Day, Year) Provide the Residence Address Street/City/State/Zip, Phone and Fax Numbers (including area code) and E-Mail Address for the following*

PRESIDENT:

VICE PRESIDENT:

TREASURER:

SECRETARY:

PUBLICITY CHAIR:

ADVISORS: *(Provide name, title, Residence Address, Phone and Fax Numbers (including area code) and E-Mail Address for the following:*

CHAPTER ADVISOR:

FINANCIAL ADVISOR:

PROFESSIONAL PROGRAM ADVISOR:

CHAPTER MEMBERSHIP:

COLLEGIATE: *(Total undergraduate and graduate)*

LOCAL HONORARY: *(Name and number)*

PERCENTAGE OF ACCEPTANCE OF MEMBERSHIP INVITATIONS:

TOTAL NUMBER OF MEMBERS RETURNING NEXT YEAR:

CHAPTER PROGRAM:

DISTRICT COUNCILOR VISITATION DATE(S):

LIST OF ANNUAL REPORTS FROM OFFICERS AND COMMITTEE CHAIRS
FILED:

ORIENTATION MEETING FOR NEW OFFICERS: *(When and how)*

LOCAL SCHOLARSHIP/FELLOWSHIP/AWARDS GIVEN AND THE AMOUNTS:

NUMBER OF SCHOLARSHIP/FELLOWSHIP/AWARD APPLICATIONS
SUBMITTED:

CHAPTER CONTRIBUTION TO NATIONAL EDUCATIONAL FOUNDATION:

ARTICLES SUBMITTED TO THE CANDLE:

COLLECTION OF CANDLES: *(Dates)*

TITLE AND BRIEF STATEMENT ABOUT CHAPTER PROFESSIONAL PROJECT
SUBMITTED:

MAJOR PROGRAM TOPICS FOR SCHOOL YEAR:

FUND-RAISING ACTIVITIES:

SOCIAL FUNCTIONS:

NEW MEMBER SELECTION AND ORIENTATION:

NEEDS AND CONCERNS OF YOUR CHAPTER:

BRIEF DESCRIPTION OF CHAPTER PLANS FOR NEXT YEAR:

ALUMNI PRESIDENT: *(Name, Address, Phone, E-mail Address)*

CHAPTER PRESIDENT'S SIGNATURE, DATE

CHAPTER ADVISOR'S SIGNATURE, DATE

8/2000