



Section I: Scholarship Programming

*Implement your scholarship plan of action
through programs, workshops, etc.*

Name of Chapter: _____

Date(s) of Program: _____

Name of Program: _____

Location: _____

Number of Members Attending: _____

Advisor Name: _____

Advisor Signature: _____

Program Description: _____

Signature of Chapter Representative

Date

Signature of Chapter Advisor

Date