# ALPHA DELTA KAPPA

**Due at AΔK Headquarters annually on June 30**

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Keep a copy for your chapter files. Headquarters will send a copy onto your S/P/N president.

**ANNUAL CHAPTER HIGHLIGHTS SUMMARY**

Chapter Corresponding Secretary to use chapter minutes to complete

*The purpose of this form is to provide chapter accountability and compliance with Bylaws and IRS requirements*

## Form H-114 Revised-17

 **S/P/N\* Chapter Name:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Meeting Date held June 1-May 31 (only 9 are required): |  |  |  |  |  |  |  |  |  |
| Total Number in Chapter (Excluding Honorary, Limited & Active-On-Leave): |  |  |  |  |  |  |  |  |  |
| Number Present at meeting (Report as Members/Guests, i.e. 23/2): |  |  |  |  |  |  |  |  |  |
| Fraternity Education Activity Conducted? Yes or No |  |  |  |  |  |  |  |  |  |
| Minutes sent monthly to S/P/N President? Yes or No |  |  |  |  |  |  |  |  |  |

 List the number of members attending the following meeting during this reporting period (some areas may not hold all meetings listed below):

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Council Meetings** |  | **District Meetings** |  | **S/P/N Conventions** |  | **Other S/P/N Meetings** |  | **Regional Conference** |  | **Int’l Convention** |  |

|  |  |
| --- | --- |
| List Altruistic Projects:  |  |
| List Scholarships and Amounts Awarded: |  |
| List Ways & Means Activities:  |  |
| Describe Recruitment/Retention Efforts: |  |
| List Community and School Recognition Received by Members and/or Chapter: |  |
| List Special Activities (Such as Founders’ Day, Fun Day, etc.): |  |
| Observed AΔK Month or held Founders’ Day Activity. Describe Activity:  |  |
| Describe Any Exemplary Chapter Program(s) including Excellence in Education programs/projects and any World Understanding programs/projects conducted by your chapter: |  |
| Describe Any Assistance Needed from \*S/P/N: |  |

**\*S/P/N** means **State** (U.S. and Puerto Rico) OR **Provincial** (Canada) OR **Nation** (Australia, Jamaica and Mexico)

|  |  |  |
| --- | --- | --- |
| **Submitter’s Name:**  | **Phone or Email:**  | **Date:**  |

Additional forms may be printed from our website at www.alphadeltakappa.org found under LIBRARY, then “Documents & Forms”

Alpha Delta Kappa International Headquarters - email: headquarters@alphadeltakappa.org or phone 1-800-247-2311