



## STATE PRESIDENT'S AWARD

The Missouri State Council President's Award is designed to give special recognition to MSC Chapters who have met the requirements of the President's Award for showing enthusiasm and innovation during this past year.

### **Supported the Missouri State Council**

- Yes No Submitted Chapter Roster  
Yes No Paid State Dues  
Yes No Paid Pledge Dues (*When new members are pledged*)  
Yes No Attended State Convention  
Yes No Attended Planning Meeting  
Yes No Attended Leadership Meeting  
Yes No Attended Winter Board  
Yes No Submitted Four (4) Articles to the Hawthorne  
Yes No Submitted "Tax Facts"

### **Contributed to the following Philanthropic Projects (Monies and/or Hours)**

- Yes No Have a chapter event to support Hope For Heroes  
Yes No State Project, Veterans groups, mental health agencies, Food Banks  
Yes No St. Jude Children's Research Hospital  
Yes No Easter Seals  
Yes No ESA Foundation (Talk to Friends/Family about ESA Scholarship Programs)  
Yes No Disaster Fund

### **Increased Membership by doing at least three (2) of the following:**

- Yes No Pledged a New Member  
Yes No Reinstated a Member  
Yes No Invited Inactive or MAL to a Chapter Function  
Yes No Held a Rush Party  
Yes No Started a New Chapter

### **Publicized "ESA" by doing at least two (1) of the following:**

- Yes No Article in Local Newspaper  
Yes No Public Service Announcement on Radio or TV  
Yes No Display Posters/Flyers, ECT during Philanthropic Projects  
Yes No Proclaimed "ESA Days" in your Community  
Yes No Publicized "ESA" in other ways (*Explain on back of form*)

### **"Let Your Light Shine" .... – complete at least 3 of the following activities:**

- Yes No Shared an Event with another Chapter (*Philanthropic/ Social*)  
Yes No Invite at least one State Officer to a Chapter Function  
Yes No Nominate an Outstanding Youth or Adult.  
Yes No Submit at least one article to the Journey (*Attach Copy*)  
Yes No The chapter supports an organization in their community that help infants/children in anyway (monetary or donation of goods)  
Yes No Visit a chapter member/MAL who can no longer attend meetings.  
*(Please provide a description so we may share with the membership)*

Chapter Name: \_\_\_\_\_ Chapter No: \_\_\_\_\_

Chapter President: \_\_\_\_\_ Phone No: \_\_\_\_\_

**Please Return form by March 1 to:**

Ruth Williams  
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