



# Application Form

## NYS Organization DKG Bea Small Award Application

The *Bea Small Award* was established in memory of **Bea Small**, a member of *Omega* Chapter. The sole purpose of this Award is to recognize NYS Organization DKG Chapter(s) having an outstanding existing program/project, which addresses a need of a specific population within the Chapter's geographic area.

The Chapter recipients will be recognized at the Awards Luncheon at NYS Organization DKG's spring Executive Board Meeting/Seminars or Convention. A certificate and monetary sum to be determined by the NYS Organization DKG Awards Committee will be given at the Awards Luncheon or Brunch.

NYS Organization DKG Chapters are invited to apply for this Award which requires completing this application by the deadline of February 15<sup>th</sup>. *Please note the criteria as listed below.*

### Bea Small Award Criteria

1. The project must have been originated by the Chapter and be on-going for a minimum of two (2) years.
2. The project must respond to the needs of a particular population within the Chapter's geographic area.
3. An application form for the Award must be submitted by the Chapter President or a Chapter Officer of the Chapter Project Chair and must include the signature of the Chapter President.
4. A Chapter may receive this award a maximum of two times for the same project.
5. If a project is funded, an article with a photograph should be written for an issue of *Pi Lights*, the NYS Organization DKG website and the local media.
6. The complete application must be mailed to the Chair of the *Bea Small Award Board of Trustees* no later than February 15<sup>th</sup>.

*Note: For list and description of recent awardees please refer to the Summer issue of Pi Lights.*

Questions should be sent to *Pi State Bea Small Award Board of Trustees Chair Karen Crumley*, 50 Hidden Ridge Drive, Monticello 12701, 845-794-0207, [kcrumley@hvc.rr.com](mailto:kcrumley@hvc.rr.com).

Please print this form and either type or print your answers.  
You may attach supplemental information. Electronic submission is preferred.

### Member submitting this application:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

NYS Organization DKG Chapter: \_\_\_\_\_

Your Chapter Position: \_\_\_\_\_

Signature of Chapter President: \_\_\_\_\_

1. Project Director: \_\_\_\_\_
2. Title of on-going project: \_\_\_\_\_
3. Date of inception of project: \_\_\_\_\_
4. Description of project (include the targeted population):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Need for the project:  
\_\_\_\_\_  
\_\_\_\_\_
6. Have you evaluated the effectiveness of this project? If so, what methods have you used?  
\_\_\_\_\_  
\_\_\_\_\_
7. Number of individuals who have benefited from the project:  
\_\_\_\_\_  
\_\_\_\_\_
8. Number of Chapter members who have participated in the project:  
\_\_\_\_\_  
\_\_\_\_\_
9. Do you plan to continue this project? Explain.  
\_\_\_\_\_  
\_\_\_\_\_
10. What has been the most beneficial aspect of this project?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submit this application to Chair Karen Crumley by deadline **FEBRUARY 15** (postmarked).

**Karen Crumley**  
**Chair Bea Small Award Board of Trustees**  
**50 Hidden Ridge Road**  
**Monticello, NY 12701**  
**[kcrumley@hvc.rr.com](mailto:kcrumley@hvc.rr.com)**