



Application Form

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 NYSO Chapter(s) having an outstanding existing program/project, which addresses a need of a specific population within the Chapter's geographic area.

The Chapter recipient(s) will be recognized at the Awards Luncheon at NYSO's spring Executive Board Meeting/Seminars or Convention. A certificate and monetary sum to be determined by the NYSO Bea Small Award Board of Trustees will be given at the Awards Luncheon or Executive Board Brunch.

NYSO Chapters are invited to apply for this Award which requires completing this application by the deadline of February 15. *Please note the Award Criteria 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, a Chapter Officer or 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 current photograph of the project should be written for the summer issue of *Pi Lights*, the NYSO Website and the local media.
6. **The complete application and a project photo (to show the project)** must be mailed to the Chair of the *Bea Small Award Board of Trustees* no later than February 15th.

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

Questions should be sent to *NYSO Bea Small Award Board of Trustees Chair Mary-Martha Harvey, 185 Park Street, Canandaigua, NY 14424, (585)394-3409 ... mharvey@frontiernet.net.*

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: _____

NYSO DKG State 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 and project photo to Chair Mary-Martha Harvey by deadline **FEBRUARY 15** (*postmarked*).

Mary-Martha Harvey
Chair Bea Small Award Board of Trustees
185 Park Street
Canandaigua, NY 14424
(585) 394-3409
mharvey@frontiernet.net