

**SIGMA CHI**  
**PHILANTHROPY, SERVICE, FUNDRAISER**  
**& ENRICHMENT FORM**  
**~Post-Event Follow Up~**

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**Chapter / Organization Name:** \_\_\_\_\_

**Type of Event Reporting (check one):**

**Philanthropy Event-** *Philanthropy is defined as a chapter organizing and participating in an activity which raises money or items for a charity or cause (i.e. car wash, party or sporting event in which profits go to a charitable organization, canned food drive, etc.)*

**Community Service-** *A hands-on activity in which a chapter has direct interaction with the people they are helping (i.e. painting the house of an elderly person, teaching someone to read, playing with neglected children, etc.)*

*\*For Philanthropy and Community Service events, you may be required by the Office of Greek Life to submit additional information such as a copy of a check or letters from the agency you supported or partnered with.*

**Enrichment Program-** *A member development / educational program in which at least 75% of the entire chapter (active, associate, and new members) attend a program or event that focuses on areas of diversity, education, scholastic, etc.*

**Date of Event or Project:** \_\_\_\_\_

*This form must be submitted to the Office of Greek Life within fourteen (14) business days FOLLOWING a qualifying event (s).*

**Description of Event or Activity:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Agency / Charity or Program Facilitator / Presenter (if applicable):**

\_\_\_\_\_  
\_\_\_\_\_

**Agency / Charity Contact Person and Phone Number and Email:**

\_\_\_\_\_  
\_\_\_\_\_

**Number of Active Members that Participated:** \_\_\_\_\_

**Number of New Members that Participated:** \_\_\_\_\_

**For Enrichment Events**→ Did 75% or more of your members attend?  Yes  No  
(For an enrichment event to be valid it is required that 75% or more of your members, including new members, associates, pledges attend.)

**For Community Service/Philanthropy Events**→ Total Number of Hours Contributed: \_\_\_\_\_  
(Number of participants multiplied by number of hours each spent)

Gross Proceeds: \$ \_\_\_\_\_

Total Expenses: \$ \_\_\_\_\_

Total Donation to Charity: \$ \_\_\_\_\_

Number & Type of Items Donated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How effectively were your goals met?**

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**How would you improve this event in the future?**

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**If Community Service, did your chapter receive a letter from an agency confirming participation?**

Yes  No

**Did your chapter register the event with the Office of Student Life?** Yes  No

**Did your chapter register the event with the Office of Public Relations or the campus newspaper?** Yes  No

**Please list all attendees** (attach a list to this form):  
(If community service, please attach number of hours completed by each participant)

**SIGNATURES:**

**President→**

\_\_\_\_\_  
*(Print)*

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Phone Number)*

\_\_\_\_\_  
*(Email)*

**Philanthropy/  
Service Chair→**

\_\_\_\_\_  
*(Print)*

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Phone Number)*

\_\_\_\_\_  
*(Email)*

**Advisor→**

\_\_\_\_\_  
*(Print)*

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Phone Number)*

\_\_\_\_\_  
*(Email)*

Philanthropy, Service, & Enrichment