



SIGMA CHI FRATERNITY

# Dr. Erwin LeClerg Outstanding Chapter Advisor Award

Undergraduate Chapter:

***Nominee Information:***

Full Name:

Occupation:

School, Chapter and Year:

Phone:

Mailing Address:

Email:

Years of Service as Chapter Advisor:

**Please describe the type, manner and extent of the nominee's efforts as chapter advisor.**

**How have the undergraduate chapter and its members benefited from the service of this nominee?**

**Why is the nominee deserving of this award?**

***Nominator Information:***

Full Name:

Phone:

Chapter, School and Year :

E-mail:

Mailing Address:

**Completed nomination forms should be sent to Sigma Chi Headquarters by April 1**

Save this form as a copy in this format: EL\_Lastname\_Firstname using the candidate's name and email it as an attachment to: [Awards@sigmach.org](mailto:Awards@sigmach.org)

*Any letters of endorsement and supplemental information for each nominee should be limited to one pages and attached to the application.*