



AΔK Month Report

Chapter Chair: _____

Address: _____

Email: _____

Phone #: (H) _____

(C) _____

Chapter: _____

District: _____ Year: _____

Yes No

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1. Did your chapter/district celebrate AΔK Month? How? How many participated? Attach labeled pictures, if available.

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2. Did individuals in your chapter celebrate AΔK Month? How? Attach labeled pictures, if available.

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3. Did your chapter/district observe/host a Founders' Day activity? How? How many participated? Attach labeled pictures, if available.

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4. Was the AΔK Month Proclamation signed? With whom? Attach labeled pictures, if available.

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5. Was there any publicity on AΔK Month? Through what avenues? Attach labeled pictures or article, if available.

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6. Was a scholarship recipient honored? Who and how? Attach labeled pictures, if available.

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7. Were any education leaders honored? Who and how? Attach labeled pictures, if available.

Return completed form and requested information to: AΔK Month Chair: Mavis Landry, 2000 Rose Mae Drive, Breaux Bridge, LA 70517 or mavislandry@cox.net by November 30th.