Phi Beta Sigma Fraternity, Incorporated State of Alabama 97th State Conference

March 4-5, 2011 Courtyard by Marriott Dothan, AL

Outstanding Sigma of the Southern Region Form

| Name | Date Submitted |
|-----------------------|-----------------------|
| Birth Date | Place of Birth |
| Present Address | City, State & Zip |
| Home Telephone Number | Work Telephone Number |

Educational Background

Post High School Information

| Name of College/University | City/State | | |
|----------------------------|--------------------------------|--|--|
| Field of Study | Degree Earned & Year Completed | | |
| Post Graduate Studies | | | |
| Name of College/University | City/State | | |
| Field of Study | Degree Earned & Year Completed | | |

Personal Background

| Occupation | | Place of Employment | | | |
|-----------------|--------|---------------------|--|----------|---------|
| Marital Status: | Single | Married | | Divorced | Widowed |

Phi Beta Sigma Fraternity, Inc. Information

| Initiating Chapter | Year of Initiation |
|------------------------|--------------------|
| School (If Applicable) | City, State |

How long has the applicant been a member of the Southern Region? _____

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Outstanding Sigma of the Southern Region Form (cont. pg. 2)

Position(s) held in Phi Beta Sigma Fraternity, Inc.

| Local | State | | | |
|---|-------------------------|--|--|--|
| Regional | National | | | |
| Which of the following Programs/Activities has the applicant been actively involved ion during his tenure as a Sigma Man? (Check all that apply) | | | | |
| Bigger and Better Business | Education | | | |
| Social Action | Sigma Beta Club | | | |
| Sigma Shadows | Sigma/Zeta Relationship | | | |
| Giving/gave unquestionable service to the fraternity as deemed out of the realm of his responsibility, due his devotion and commitment to Service and Humanity; Please explain. | | | | |
| Why do you feel the applicant is qualified to become a member of this chapter? Please explain. | | | | |
| Has the applicant received awards for meritorious service from the chapter, state, region, or nationals? If yes, please list (attachments are acceptable). | | | | |
| Other | | | | |
| Submitted by (chapter officer), Please Name: | | | | |
| Signature: | Date: | | | |
| Return completed form by February 18, 2010 to: Phi Beta Sigma Fraternity, Inc. Alpha Chi Sigma Chapter/2011 State Conference P.O. Box 6131 Dothan, AL 36303 | | | | |
| Received (Date): | Confirmed By: | | | |