



NAME(S): _____
 CHAPTER: _____
 ID: _____ SECTION: _____

CHAPTER AWARD PROGRAM CAP

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DOCUMENTATION IS ATTACHED FOR THE: *Only one completed Progress Report Form needs to be submitted.*

(CHECK ONE) **GOLD LEVEL** **SILVER LEVEL** **BRONZE LEVEL**

FOR GOLD LEVEL PROJECTS:

1. Chapter must have also completed any six (6) membership development activities: **YES** **NO**
2. Chapter must have achieved at least one (1) of the qualifications below during **this school year** to be eligible to receive the Gold Level Award:

100% Membership:	YES	NO
Have maintained 2019-2020 membership count*:	YES	NO

MEMBERSHIP DEVELOPMENT

ACTIVITY TITLE	ACTIVITY DATE	PAGE NUMBER

COMMUNITY ORIENTED

ACTIVITY TITLE	ACTIVITY DATE	PAGE NUMBER

EXPERIENCED LEADERS

ACTIVITY TITLE	ACTIVITY DATE	PAGE NUMBER



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ACADEMICALLY PREPARED

ACTIVITY TITLE	ACTIVITY DATE	PAGE NUMBER

PROFESSIONALLY RESPONSIBLE

ACTIVITY TITLE	ACTIVITY DATE	PAGE NUMBER

PROMOTION / PUBLIC RELATIONS

ACTIVITY TITLE	ACTIVITY DATE	PAGE NUMBER

REMEMBER:

One* activity is needed in each area for the Bronze Level Award.

Two* activities are needed in each area for the Silver Level Award.

Three* activities are needed in each area for the Gold Level Award.

***Changes only in effect for 2020-2021 competition year.**