

# ACT Outstanding Chapter of the Year

## *Application Form*

University: \_\_\_\_\_

Chapter name (if different from university name):  
\_\_\_\_\_

Adviser's name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Primary e-mail contact: \_\_\_\_\_

**Attach this form to the front of your entry.  
Deadline to submit your entry is May 1, 2010**

Send entries and questions to:

National ACT  
Dr. Jefferson Miller, Adviser  
University of Arkansas  
AGRI 205  
Fayetteville, AR 72701  
jdmiller@uark.edu  
(479) 575-5650 (voice)  
(479) 575-2610 (fax)

Please type and print out the following form and send to Dr. Miller. Use as many lines and sections under each category as necessary to show your chapter's efforts this school year. Thank you for your participation in making the Agricultural Communicators of Tomorrow the best club possible.

## **Educational Activities**

Objective:

Description of Activity:

Outcome/Results of the Activity:

Total Number of ACT Members who Participated:

Total Number of Other Participants:

Objective:

Description of Activity:

Outcome/Results of the Activity:

Total Number of ACT Members who Participated:

Total Number of Other Participants:

## **Social Activities**

Objective:

Description of Activity:

Outcome/Results of the Activity:

Total Number of ACT Members who participated:

Total Number of Other Participants:

Objective:

Description of Activity: Outcome/Results of the Activity:

Total Number of ACT Members who Participated:

Total Number of Other Participants:

## **Leadership Activities**

Objective:

Description of Activity:

Outcome/Results of the Activity:

Total Number of ACT Members who participated:

Total Number of Other Participants:

Objective:  
Description of Activity:  
Outcome/Results of the Activity:  
Total Number of ACT Members who Participated:  
Total Number of Other Participants:

### **Community Service Activities**

Objective:  
Description of Activity:  
Outcome/Results of the Activity:  
Total Number of ACT Members who Participated:  
Total Number of Other Participants:

Objective:  
Description of Activity:  
Outcome/Results of the Activity:  
Total Number of ACT Members who Participated:  
Total Number of Other Participants:

### **Fundraising Activities**

Objective:  
Description of Activity:  
Outcome/Results of the Activity:  
Total Number of ACT Members who Participated:  
Total Number of Other Participants:

Objective:

Description of Activity:  
Outcome/Results of the Activity:  
Total Number of ACT Members who Participated:  
Total Number of Other Participants:

### **Membership Recruiting and Retention Activities**

Objective:  
Description of Activity:  
Outcome/Results of the Activity:  
Total Number of ACT Members who Participated:  
Total Number of Other Participants:

Objective:  
Description of Activity:  
Outcome/Results of the Activity:  
Total Number of ACT Members who Participated:  
Total Number of Other Participants: