

SIGMA TAU GAMMA FRATERNITY

“PROF” GRUBBS DISTINGUISHED ADVISOR AWARD

Name _____ Address _____

Home Phone (_____) _____ Office Phone (_____) _____

Occupation _____

Member of a fraternity or sorority? _____ Yes _____ No

If Yes, please name _____

Chapter making nomination _____

Briefly list the Advisor’s contributions to the chapter: _____

Date _____ Signed _____

Chapter President

Please include two (2) letters of recommendation or support. Letters should detail the advisor’s value and contributions to the chapter. Letters may be from university or fraternity officials.

**Application and letters must be received by April 15.
No late applications will be accepted.**

Email to: fraternity@sigmataugamma.org ; or,
Mail to: Sigma Tau Gamma Fraternity, P.O. Box 54, Warrensburg, MO 64093-0054