

Sorority and Fraternity Life

Community Programming Application 2020-2021

**Directions:** The *Sorority and Fraternity Life Community Programming Application* must be submitted **each** time a chapter or council wishes to coordinate an SOE program for the Sorority and Fraternity community.All applications **must be submitted 3weeks in advance of the date** in which your proposed program falls on. Each application must be completed in its entirety and submitted electronically to Alyssa Ciango, Graduate Administrative Associate of Sorority & Fraternity Life, at ciango.1@osu.edu. Please give her **at least 5 days** to review your application.

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| Part I: Chapter/Council Information ***Please identify the chapter/council sponsoring the program as well as the contact information for the person completing this application.*** | |
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| Chapter or Council |  |
| Chapter/Council Contact Name |  |
| Address, City, Sate, ZIP Code |  |
| Phone |  |
| E-Mail Address |  |

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| Part II: Selection of SOE Area of Program ***Which Standard of Excellence programming area does your program fall under? Please place an X in the column to the left of your selection.*** | |
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|  | **Health & Safety (formerly Safety, Health & Wellness**  **Program Requirements:** Chapter completes at least 1 health and safety program for members each semester. This program should connect to chapter goals outlined in their annual plan. Themes may include Alcohol and Other Drugs, Hazing, Mental Health, Sexual Assault. Other topics must be preapproved by the Director of Sorority and Fraternity Life or their designee. |
|  | **Inclusive Excellence (formerly Diversity Commitment)**  **Program Requirements:** Chapter completes at least 1 program focused in diversity, inclusion or Social Justice each semester. This program should connect to chapter goals outlined in their annual plan. Themes may include ability status, ethnicity, gender/gender identity/gender expression, immigration status, race, religion, sexuality, social class, veteran status. Other topics must be preapproved by the Director of Sorority and Fraternity Life or their designee. |
|  | **Member Development**  **Program Requirements:** Chapter completes at least 1 member development program for members each semester. This program should connect to chapter goals outlined in their annual plan. Topics include, but are not limited to professional development and leadership. *Given the goal of developing your members as individuals, you are particularly encouraged to split up programming based on the needs of your members for this SOE program, such as based on year in school/chapter or interest. Please work with your SFL Liaison if you have further questions.* |

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| Part III: Summary of Program ***Please answer the following questions about your program.*** | |
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| What is the title of your program? |  |
| Who will be presenting this information? |  |
| What makes your presenter qualified to deliver this information? (professional role, special training, etc.) |  |
| What resources and references were used in the creation of this program? (please be complete - examples of resources are: Multicultural Center, Disability Services, Wellness Center, University Police, Office of Minority Affairs, Medical Center, University Housing, Counseling and Consultation Services, Bell Resource Center etc.) |  |

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| Part IV: Program Learning Outcomes ***Please provide 2 to 4 learning outcomes for this program, summarizing what learning opportunities will result from the program and how the program specifically meets the needs of the Standards of Excellence area you selected above.***  ***Example learning outcome:*** “*This program will challenge students to think differently about gender violence through examining ways in which undergraduates enable sexual assault through the bystander effect.”* | | |
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| Learning Outcome 1 |  | |
| Learning Outcome 2 |  | |
| Learning Outcome 3 |  | |
| Learning Outcome 4 |  | |
| Part V: Program Outline | |
| Date: |  |
| Start/Finish Times: |  |
| Location: |  |
| Please provide an outline of the program, including presentation format, the agenda of the program, and the specific points the program will cover: |  |

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| Part VI: Contact Information for University Sponsor (University Staff Member) ***Please provide the contact information for the university staff member who is your point of contact from the university resource you are using for this program***  ***For example:*** *If you are working with the Multicultural Resource Center, please provide the contact information for the staff member you are working with from the Multicultural Resource Center.* | |
| Name |  |
| Campus Department |  |
| Work Phone |  |
| E-mail Address |  |
| Will they be presenting or providing information? |  |
|  | |
| Part VII: Advertisement Information (Optional) ***If you would like your program advertised to the SFL community via the This Week In Greek (TWIG) newsletter and/or posted on the SFL SOE web page, please complete the following information*** | |
| Would you like your program advertised in TWIG? |  |
| Would you like your program advertised on the SOE web page? |  |
| Is this program limited to certain populations? *(council-specific, women only, etc.)* |  |
| If an RSVP is needed, how should this occur? *(Either provide an email address or a link to a form)* |  |
| Please provide a description/blurb advertising your event. *(100 words maximum)* |  |

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| Part VIII: Agreement and Signature ***Please read the following statement and sign where indicated.*** | |
| By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if any false statements, omissions, or other misrepresentations made by me on this application may result in the immediate dismissal of this application for consideration. I understand that if my program is selected as a Standards of Excellence Program for the Sorority and Fraternity community I will work with Sorority and Fraternity Life staff along with other University staff members to make sure this program accurately reflects the Standards of Excellence as they were intended to be. | |
| Name (printed) |  |
| Signature |  |
| Date |  |

***Thank you for completing this application form and for your interest in creating this program for the Sorority and Fraternity community! We will be in touch within the coming weeks with the status of your application.***