



**STAR**

Success Through Accountability and Recognition  
SAU GREEK LIFE STANDARDS PROGRAM

# SAU Greek Life Community Service

Information on service will be collected on a rolling basis, and compiled at the end of each semester in an effort to show the significant impact that SAU fraternities and sororities have on both the local and national community. By collecting this data, the Greek Life office is able to track the total amount of hands-on service that individual chapters and the fraternal community as a whole are providing. All community service is subject to approval by Greek Life staff.

## Chapter Information

Fraternity/Sorority Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

## Project Information & Description

Title of Event: \_\_\_\_\_ Location of Event: \_\_\_\_\_

Benefiting Organization: \_\_\_\_\_ Dates of Event: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Is this project being completed as a part of a judicial sanction?                      Yes                      No

Is this project being completed as a part of another organization's philanthropic/service event?    Yes    No

If yes, which organization(s) is sponsoring the project? \_\_\_\_\_

## Project Verification

Chapter President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Contact Information: \_\_\_\_\_

**\* MUST PROVIDE LETTER FROM FACILITY ON LETTERHEAD, OR HAVE REP. SIGN ABOVE WITH CONTACT INFORMATION. SERVICE MUST BE COMPLETED WITH AN AGENCY OR NON-PROFIT ORGANIZATION\***

**Then return this completed form within TEN business days after the completion of the project to:**

Office of Student Activities – Greek Life  
Reynolds 201  
MSC #9146  
Magnolia, AR 71753  
Phone: 870.235.4929                      Fax: 870.235.5265

For Office Use Only	Date Received: _____	Received By: _____
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