**Alpha Epsilon Delta**

***Biennial Report of Chapter Activities***

***January 1, 2020- December 31, 2021***

***44th Biennial Convention- March 17-19, 2022***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Chapter Name**- (State/Greek Letter): | | | | |
| **Region #:** | | **Chapter Size:** | *For Convention Use Only-Maximum 8 pages submitted* | |
| Directions: Please open document and fill in requested information. Preview document before printing and mail or email to the national office. | | | Committee Review:  Points | |
|  | | | Possible | Awarded |
| **Introduction** |  | | **NA** | **NA** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Chapter Name- (State/Greek Letter):** | | | |
| **Region #:** | **Chapter Size:** | For Convention Use Only | |
|  | | Possible | Awarded |
| **Part 1**  **Service to the College/University** |  | **10** |  |
| **Part 2**  **Service Programs Outside the College/University** |  | **10** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Chapter Name- (State/Greek Letter):** | | | | |
| **Region #:** | | **Chapter Size:** | For Convention Use Only | |
|  | | | Possible | Awarded |
| **Part 3**  **Service to the Pre-Professional Student** |  | | **NA** | **NA** |
| 1. **Lectures, speakers, medical films, multimedia presentations, external programs, volunteer work in hospitals, etc.** |  | | **35** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Chapter Name- (State/Greek Letter):** | | | | |
| **Region #:** | | **Chapter Size:** | For Convention Use Only | |
|  | | | Possible | Awarded |
| 1. **Visits to professional schools, hospitals, clinics, etc.** |  | | 10 |  |
| 1. **Peer instruction and counseling (tutorials, academic advisement, “Big Brother Programs”, MCAT review, study aids, etc.** |  | | 10 |  |
| 1. **Chapter publications (Handbooks, guides, newsletters, etc.)** |  | | 5 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Chapter Name- (State/Greek Letter):** | | | | |
| **Region #:** | | **Chapter Size:** | For Convention Use Only | |
|  | | | Possible | Awarded |
| 1. **Awards and scholarships presented by the chapter to promote excellence in health-related preprofessional education.** |  | | 5 |  |
| **Part 4**  **Communication** |  | | 5 |  |
| **Part 5**  **Initiation Activities and Social Events** |  | | 5 |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Chapter Name- (State/Greek Letter):** | | | | | | |
| **Region #:** | | **Chapter Size:** | For Convention Use Only | | | |
| Possible | | Awarded | |
| **Conclusion:**  **Include all fundraising activities-specify for what purpose, how it was used/dispersed, if you would recommend it to another chapter why or why not** | Not just philanthropic fundraising, i.e., revenue sources for the chapter scholarships, speakers, convention, etc. | | | NA | | NA |
| **Part 6**  **Overall Report:**  **Comments/notes (To be completed by the Convention Activities Committee)** |  | | | 5 | |  |
|  | **TOTAL** | | | 100 | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Chapter Name- (State/Greek Letter):** | | | | | |
| **Region #:** | | | **Chapter Size:** | For Convention Use Only | |
| **Chapter Statistics/Financial Report** | | | | | |
| **Chapter Advisor’s Name** |  | | | | |
| **Members Initiated:** | **Number (#) of Memberships: Student + Honorary** | | | | |
| **2020/2021 (2 yr. Period)** | **(Affiliate-Ch.) (Student-National) (Honorary) (Total)**  \_\_\_\_0\_\_\_\_\_\_ \_\_\_\_\_\_0\_\_\_\_\_\_\_\_ \_\_\_\_\_0\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_ | | | | **National #**  \_\_\_\_\_\_\_\_ |
| **Financial Report Summary**  **Items categorized** | **Revenues** | **Itemized Descriptions**  **Revenue Subtotal=** | | |  |
| $ |
| **Expenses** | **Itemized Descriptions**  **Expense Subtotal=**  **Ending Year Account/s: Balance as of December 31, 2021** | | |  |
| $ |
| $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Chapter Name**- (State/Greek Letter): | | | |
| **Region #:** | | **Chapter Size:** | *For Convention Use Only* |
| **Required Signatures** | This Biennial Report of Chapter Activities and Financial Summary Report is hereby submitted by our chapter for the period starting January 1, 2020 and ending December 31, 2021.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Chapter Treasurer’s Signature**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Chapter Historian’s Signature**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Chapter Advisor’s Signature** | | |

The **Biennial Report of Chapter Activities** must be completed by each chapter attending the convention and submitted to the **AED National Office no later than February 15th, 2022**.

Please keep a copy of the entire report including the signature page for your chapter records.

AED National Office-TCU Box 298810-Fort Worth, TX 76129 Telephone 817-257-4550 Email: aednationaloffices@tcu.edu