**Alpha Epsilon Delta**

***Biennial Report of Chapter Activities***

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

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

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| **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** |

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| **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** |  |

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| **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** |  |

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| **Chapter Name- (State/Greek Letter):** |
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|  | 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 |  |

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| **Chapter Name- (State/Greek Letter):** |
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|  | 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 |  |

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| **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 |  |

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| **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** |  |
| $ |
| $ |

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| **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