



EA F[®] UNDERGRADUATE CHAPTER CAPTAIN FORM



Completed form must be returned to EAF by **February 1**
(please print or type)

The following person has been appointed as our EAF Chapter Captain:

CHAPTER INFORMATION

CHAPTER:	REGION:
ADDRESS:	
NAME OF SPONSORING GRADUATE CHAPTER:	NAME OF CHAPTER GRADUATE ADVISOR:

EA F CHAPTER CAPTAIN INFORMATION

EA F CHAPTER CAPTAIN NAME:		
TERM: (Starting Month/Year)	-TO-	(Ending Month/Year)
ADDRESS:		
PHONE:	EMAIL:	

CHAPTER BASILEUS INFORMATION

BASILEUS NAME:		
TERM: (Starting Month/Year)	-TO-	(Ending Month/Year)
ADDRESS:		
PHONE:	EMAIL:	
BASILEUS SIGNATURE:		DATE:

CONTINUE TO NEXT PAGE >>





EAF® CHAPTER CAPTAIN

Roles and Responsibilities



1. Be the EAF Ambassador for your UNDERGRADUATE CHAPTER by:

- Answering questions about the Foundation;
 - Being familiar with the methods of giving to EAF and relative recognition levels;
 - Be included in the chapter's meeting agenda on a regular basis (at least quarterly) to share scholarship application deadlines and other information (include articles in the chapter newsletter);
 - Encourage members (through creative fundraising methods) to contribute to the Foundation;
 - Encourage the chapter participation in the chapter recognition program (Silver, Gold or Platinum Level). Suggest that additional chapter contributions to EAF be included in the chapter's annual budget.
 - Must have access to a computer and viable knowledge of internet communications;
- g. Working with the EAF Chapter Captain of your sponsoring graduate chapter;**

2. Represent the chapter at EAF events* including:

- Attend annual member meetings held by the Foundation at Boule and Leadership Seminars;
- Attend Regional Conferences and the EAF workshops and committee meetings designed for Chapter Captains;
- Attend annual EAF Scholarship & Awards event during Boule and Leadership Seminars;
- Participate in conference calls as requested by the EAF Regional Coordinator and/or the EAF Corporate office.

3. Be the liaison between EAF and the chapter and community by:

- Being familiar with rules governing 501(c)(3) organizations.
- Being a resource for community-based organizations regarding grant and scholarship opportunities as well as options for supporting our mission.

**Events may be held virtually*

SIGNATURE SECTION

I agree to these roles and responsibilities and will fulfill them to the best of my ability:

SIGNATURE:

DATE:

MAKE TWO COPIES OF THIS FORM

- SAVE ONE COPY FOR YOUR RECORDS
- SEND ONE COPY TO YOUR REGIONAL COORDINATOR
- RETURN ORIGINAL FORM TO EAF BY FEBRUARY 1

RETURN ORIGINAL FORM TO: VELMA WILLIAMS

BY MAIL: Educational Advancement Foundation / EAF
ATTN: VELMA WILLIAMS
5656 South Stony Island Avenue • Chicago, IL 60637
BY EMAIL: vwilliams@akaeaf.net | **BY FAX:** 773-947-0277

OR SEND ELECTRONICALLY – CLICK SUBMIT TO SEND FORM >>

SUBMIT