

**Phi Mu Foundation Board of Trustee Nomination Form**

**Your Full Name** *(including maiden, if applicable):* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Chapter of Initiation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Address 1 Address 2 City State Zip*

**Your Phone Number (XXX-XXX-XXXX): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Email Address (**[**example@example.com**](mailto:example@example.com)**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nominee’s Full Name** *(including maiden, if applicable; leave blank if nominating yourself)***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nominee’s Chapter of Initiation** *(leave blank if nominating yourself)***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nomination Questions**

*Please limit your responses to each question to 200 words. If any response is longer than 200 words, only the first 200 words will be considered. Please attach additional pages if necessary.*

1. **In what capacity have you and the person you are nominating worked together, in Phi Mu or elsewhere? (If nominating yourself, please list Phi Mu or work involvement)**
2. **What is the single most important contribution you believe the nominee will bring to the Foundation Board of Trustees?**
3. **Please list five words or phrases that indicate why the nominee would be an asset to the Board of Trustees.**
4. **To the best of your knowledge, the nominee is (check all that apply):**

* A member of Phi Mu Foundation *(a $50 or more contribution to the Foundation in their lifetime)*
* A recipient of a Phi Mu Foundation scholarship
* A recipient of a Phi Mu Foundation grant *(such as the Leona Hughes Hughes Heart and Hand Fund or Emergency Scholarship grants)*
* A member of the 1852 Society Giving Program *($1,852 annually)*
* A member of the Legacy League Giving Program *($1,000 annually)*
* A member of the Carnation Club Giving Program *($500 annually)*
* A member of the Rose & White Giving Program *($240 annually)*
* A member of the Fidelity Society *(An estate or planned gift commitment)*

1. **Do you believe the nominee has the financial capacity and philanthropic interest to join the 1852 Society upon taking office and additionally fund Board-required travel as needed?**
2. **Is the nominee involved with additional professional organizations and/or affiliations that would enhance your/their role as a Trustee? If yes, please elaborate.**
3. **Please check any of the following skills or experiences that the nominee possess:**

* Finance/Accounting
* Grant Writing
* Fundraising
* Capital Campaign
* Special Event Planning
* Public Relations, Communications
* Nonprofit Experience
* Mentorship
* Contract writing or negotiating
* Networking
* Nonprofit Law
* Nonprofit Board or Committee Experience
* Team Leadership
* Strategic Planning
* Ability to analyze, listen and work in partnership with a team
* Tolerant and open to others’ perspectives
* Dedication to Phi Mu Values
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What else would you like us to know about the nominee?**

**By signing my full name below, I endorse this nomination and verify that the statements in this nomination form are accurate and truthful to the best of my knowledge.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Sign Name Print Name Date*