

# OMEGA PSI PHI FRATERNITY, INC.

4rd QUARTER

FORM - 37

## REPORT OF CHAPTER TO DISTRICT REPRESENTATIVE

Period Covered: **August, September, October**

Name of Chapter

Chapter Type:

Address

### I. Chapter Membership:

1. Number of Financial Brothers  (Please attach completed Form 53)

2. Number of Brothers Reclaimed

3. Was there a Membership Selection Process held?

4. Number of Brothers initiated

5. Number of Brothers who have transferred: IN  OUT

6. Number of Undergraduate Brothers that graduated last year

7. Number of Inactive Brothers

8. Number of Brothers transferred into the Omega Chapter

(Please list names)

D.O.D.

D.O.D.

D.O.D.

D.O.D.

### II. Chapter Scholarships, Gifts, and Contributions:

1. Total amount of scholarships awarded by chapter \$

2. Contributions made to the following:

a. NAACP \$

f. College Endowment Fund \$

b. Red Cross \$

g. YMCA \$

c. March of Dimes \$

h. YWCA \$

d. Girl Scouts \$

i. Boy Scouts \$

e. American Cancer Society \$

j. Other \$

**III. Chapter Activities**

Please list the activities in which the chapter engaged in the following categories:

1. Voter Registration, Education and Mobilization (estimated man hours spent)

Description

2. NAACP (estimated man hours spent)

Description

3. Scholarship (estimated man hours spent)

Description

4. Social Action Programs (estimated man hours spent)

Description

5. Reclamation (estimated man hours spent)

Description

6. Health Initiatives (estimated man hours spent)

Description

**IV. Chapter Finances:**

Total amount collected in:

National Dues \$  National Assessments \$

Local Dues & Assessments \$

District Dues & Assessments \$

Additional Assessments not mentioned \$

Net amount received from other fund raising sources \$

**V. Housing**

Does the chapter own a fraternity house?

What is the value of the property? \$

**VI. Please provide the names and contact numbers of brothers initiated**

BROTHER NAME

BEST CONTACT NUMBER

**VII. Undergraduate Chapters - Please provide the names and contacts of the undergraduate brothers that graduated last year:**

BROTHER NAME

BEST CONTACT NUMBER

**VIII. Names and contact numbers of inactive brothers (attach additional file listing in necessary)**

BROTHER NAME

BEST CONTACT NUMBER



**Recommendations**

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BAS

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KRS

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Address:

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Address:

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Contact Number

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Contact Number

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NOTE: SEND ONE COPY TO INTERNATIONAL HEADQUARTERS, DISTRICT REPRESENTATIVE, DISTRICT KRS AND STATE REPRESENTATIVE, CORRIDOR OR AREA REPRESENTATIVE.

International Headquarters  
Omega Psi Phi Fraternity, Inc.  
3951 Snapfinger Parkway  
Decatur, GA 30035  
404-284-5533 Phone  
404-284-0333 Fax  
programcoordinator@oppf.org