



Iona College Fraternity & Sorority Point System Approval Form

Organization: _____

Date: _____

Number of Active Members At the Event: _____

Number of Hours _____ Amount Raised _____

Description of Event/ Service:

Circle one of the pillars that apply to your event:

Excellence in Leadership

Standard _____

Community Engagement

Pillar _____

Brotherhood/Sisterhood

Excellence in Academics

Chapter management

Membership development

Social Development

Signature of

President: _____ Date: _____

Office Use Only: Approved Denied

Signature: _____

Signature of CGG Executive: _____ Date: _____