



PHI BETA SIGMA FRATERNITY, INC

SOUTHERN REGION

106th Anniversary Regional Conference April 16 - April 19, 2020

Birmingham, AL

Chapter Information / Delegate Form

PLEASE TYPE OR PRINT CLEARLY

Name of Chapter

Mailing Address

City

State

Zip Code

Name of Chapter President

Telephone Number

Email Address

Name of Chapter Delegate

Telephone Number

Email Address

Mailing Address

City

State

Zip

Name of Alternate Delegate

City

State

Zip

THIS FORM MUST BE RETURNED TO:

Bro. Lyric Cosby, So Rgn Secretary
1513 Conley Way
Conley, GA 30288-6810
southernregionalsecretary@gmail.com

DEADLINE FOR SUBMISSION OF FORM IS March 15, 2020

PHI BETA SIGMA FRATERNITY, INC.

SOUTHERN REGION



106th Anniversary Regional Conference

April 16 - April 19, 2020 Birmingham, AL

Conference Rules

- The chair shall recognize brothers who wish to speak. Brothers wishing to speak must state their name and chapter affiliation to be recognized.
- All remarks should be addressed through the chair, not individual brothers present in the room.
- Remarks during debate should be limited to 3 minutes.
- A brother may not speak more than once on an item on the agenda.
- At the opening session, the chair shall appoint a timekeeper whose duty shall be to indicate to each speaker the expiration of the time allowed.
- Only properly credentialed and seated delegates may make motions.
- Discussions shall be limited to one and one-half minutes for any one speaker, not to exceed a total time of 15 minutes per motion on debate. The chair, in consultation with the timekeeper, shall inform brothers the time has been expired.
- Additional time may be allowed upon a two-thirds vote of the Conference delegates.
- Each member who wishes to speak from the floor shall take his turn at the microphone as determined by the Conference facilitator. No member shall speak a second time to a motion or item of business until other members who wish to speak have an opportunity to do so.
- All personal electronic devices (i.e., cell phones, laptops, iPads, etc.) should be placed on and remain in an unobtrusive mode (silent or vibrate) during all business sessions of the conference.
- This conference shall be governed by the Constitution & Bylaws of the Phi Beta Sigma Fraternity, Inc. – Southern Region; Robert's Rules of Order, Newly Revised; and these conference rules.

**HONORABLE BROTHER ROSWELL O. SUTTON
SOUTHERN REGION SCHOLARSHIP APPLICATION
2019-2020**

Please type all information. An essay should be thoughtfully and clearly written that describes your goals, achievements and how you will contribute to society. The application will be rated on verifiability of information, clarity, and evidence of achievements. Incomplete applications will not be considered.

PERSONAL INFORMATION

Name: _____ Membership #: _____
 School Address: _____ Permanent Address: _____
 City: _____ State: _____ City: _____ State: _____
 Email Address: _____

SCHOOL /PROFESSIONAL INFORMATION

College/University: _____
 G.P.A. _____ Major/Minor: _____ Classification: _____
 Campus/Community Activities: (Include offices held, honors, and awards). **Attach additional sheet.**

FRATERNAL INFORMATION

Chapter: _____
 Fraternal Activities: Attach additional information if necessary all offices held, honors, and awards

APPLICATION REQUIREMENTS

- (A) Official transcript or letter (certified by Registrar) Verifying G.P.A. and classification*
- (B) Three (3) letter of recommendation**
 - (1) Personal source
 - (2) Institution source (College letterhead)
- (C) Resume
- (D) List any scholarship(s) received and the duration
- (E) List involvement with national programs and special events
- (F) Essay including career ambitions/goals and an explanation of why you should be awarded the scholarship

* All applicants must be Sigma Men in good standing, currently enrolled as an undergraduate (5 year programs acceptable) and or newly admitted to a graduate/professional program. Minimum G.P.A. 3.0/4.0 or equivalent.
 ** All Brothers can provide an additional letter of recommendation from a Professional source in place of the letter from an Institutional source.

APPLICATION SUBMISSION

Brother Micheal Moody
 Southern Region Director of Education
 Email: mdtlm@aol.com

Deadline: March 30, 2020

PHI BETA SIGMA FRATERNITY, INC.
OUTSTANDING SIGMA OF THE SOUTHERN REGION
APPLICATION/CITATION

MEMBERSHIP GUIDELINES

OUTSTANDING SIGMA OF THE SOUTHERN REGION (DSC-SR) is the highest honor given to a brother of this fraternity at the Regional level. This honor is granted to a deserving brother by the members of his State pending approval of the Southern Region's body during their annual Regional Conference. In order for a member to receive this honor, he must be recommended by his Alumni Chapter, in writing, to his State's Distinguished Service Chapter Committee. The following criteria are to be used:

- I. **REQUIREMENTS:** In order to be considered for membership into the **OSSR**, a brother must meet the following requirements:
- A. A Life Membership member or subscribing Life Membership member, a current financial member of an Alumni Chapter of the Fraternity (Local, State, Regional, and National).
 - B. A strong Alumni and/or Collegiate leadership record.
 - C. A strong State leadership record.
 - D. A strong Regional and/or National leadership record.
 - E. A minimum of five (5) years of service to the fraternity.
 - F. Exemplify a strong sense of brotherhood.
 - G. A strong Professional/Occupational and/or Community Service record.
 - H. A letter of recommendation and completed Application Form from the Alumni Chapter of which the brother is a member. **The application should be typed or printed neatly in ink, and must be signed by the local Chapter President and local Chapter Secretary. If submitting for Region consideration, the application must be signed by the State (OSSSR) Committee Chair and State Director. Attachments are acceptable if needed. Appearance does count toward final Application score.**
- II. **QUALIFICATIONS:** In order to qualify for membership in this chapter, a brother must be involved in the promotion of, but not limited to, two (2) or more of the following Phi Beta Sigma programs/activities during his tenure as a Sigma Man on an ongoing basis:
- A. Bigger and Better Business
 - B. Education
 - C. Social Action

- D. Sigma Beta Club/S.A.T.A.P.
- E. Sigma Shadows' Program
- F. Sigma/Zeta Relationships
- G. Giving unquestionable service to the organization as deemed out of the realm of the individual's responsibility but due to his own devotion and commitment to **Service and Humanity**.
- H. Any other meritorious service recognized by his Chapter, State, Region, and/or National as being deserving of such honor(s)

III. **THE SELECTION PROCESS:**

- A. The Alumni Chapter from which the brother is a member must submit a letter of recommendation with a completed application to the **State OSSR** Committee on or before the designated deadline of each year. **This application/citation is to be used for Southern Region STATE AND REGIONAL SUBMISSIONS. If submitting for the State OSSR, the same protocol must be followed as for the Region.**
- B. The Committee (Distinguished Service Chapter-Southern Region members only) will make the selection based on the guidelines set by the committee.
- C. State members of the Distinguished Service Chapter-Southern Region Chapter will present their candidate at their State Conference for ratification by the State body. Once ratified by the State, the State Outstanding Sigma of the Southern Region Committee will decide whether or not to forward the application for Region Chapter consideration.
- D. The candidate's letter of recommendation and application will be presented to the **OUTSTANDING SIGMA OF THE SOUTHERN REGION** for acceptance and to the State/Regional body for **RATIFICATION**.

These membership guidelines were prepared and submitted by Brothers Earl Davis and Fraizer Mungin on March 26, 1988.

This Committee/Award was ratified by the Southern Region in 1988

Application/Criteria Revision Dates:

April 20, 1995
November 22, 2005

PHI BETA SIGMA FRATERNITY, INC.
OUTSTANDING SIGMA OF THE SOUTHERN REGION
MEMBERSHIP APPLICATION

Please type or print neatly in ink

DATE: _____

PERSONAL DATA:

Name: _____ Date of Birth: _____

Place _____ of _____ Birth: _____
_____ Current

Address (Number/Street): _____ City/

State/Zip: _____

Home #: _____ Work#: _____ Email: _____

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____

1. Post Secondary Education Information:

EDUCATION (attachments may be used if necessary):

A. College/University _____

City/State _____

B. Major/Minor _____

C. Degree Earned _____

E. Year of Completion _____

2. Graduate Studies (if applicable):

A. Institution(s) _____

City/State _____

B. Field(s) of Study _____

C. Degree(s) Earned _____

OCCUPATION/PROFESSION _____

Current Place of Employment _____

Professional Certification(s)/Year earned _____

PHI BETA SIGMA FRATERNITY MEMBERSHIP INFORMATION:

1. Year of Initiation _____
2. Initiated Chapter _____
3. School (if applicable) _____
4. Initiated Chapter City/State _____
5. How long has the applicant been the member of a Chapter(s) in the Southern Region?
(Years) _____
6. Position(s) held in Phi Beta Sigma Fraternity (attachments may be used if necessary)
 - A. Local(Collegiate and/or Alumni) _____
 - B. State _____
 - C. Regional _____
 - D. National _____
7. Which of the following activities has the applicant been actively involved in during his tenure as a Sigma Man? (Please check below A thru F)
 - A. Bigger and Better Business _____
 - B. Education _____
 - C. Social Action _____
 - D. Sigma Beta Club/S.A.T.A.P. _____
 - E. Sigma Shadows' Program _____
 - F. Sigma/Zeta Relationships _____
 - G. Giving/gave unquestionable service to the fraternity as deemed out of the realm of the individual's responsibility, due to his own devotion and commitment to Service and Humanity; Please explain: _____

8. Why does your Chapter feel the applicant is qualified to become a member of this Chapter? Please explain: _____

9. Has the applicant received any recognition or awards for meritorious service from the Chapter, State, Region and /or National? Please list (attachments may be used if necessary).

10. Has the applicant received any other recognition or awards on a Professional, Occupational, or Community level? Please list (attachments may be used if necessary)

If submitting for State OSSR Chapter Consideration, the following signatures are required:

Submitted By: _____ **Chapter**

Chapter President _____ Date: _____

Signature

Chapter President-Printed Name _____

(If the current Chapter President is up for consideration, the First-vice President may sign in place of the President)

Chapter Secretary _____

Signature

Chapter Secretary-Printed Name _____

If submitting for Region OSSR Chapter Consideration, the following additional signatures are required:

State Committee Chair _____ Date: _____

Signature

State Committee Chair-Printed Name _____

State Director _____ Date: _____

Signature

State Director-Printed Name _____

(If the current State Director is up for consideration, the First-vice State/Region Director may sign in place of the State Director)

OUTSTANDING SIGMA OF THE SOUTHERN REGION APPLICATION SCORING SHEET

For State/Region DSC-SR Committee use only

NAME OF APPLICANT _____

	<u>POINTS</u>	<u>TOTALS</u>
I. Positions Held:		
A. Local: 1 or more,	5 points	
B. State: 1 or more,	5 points, Director 10 points	
C. Regional: 1 or more,	10 points	
D. National: 1 or more,	10 points	
Total potential points/Total points earned _____	30	_____

II. Programs/Activities:		
A. Bigger and Better Business:	5 points	
B. Education:	5 points	
C. Social Action:	5 points	
D. Sigma Beta Club/S.A.T.A.P.:	5 points	
E. Sigma Shadows:	5 points	
F. Sigma/Zeta Relationship:	5 points	
G. Service Awards: 5 points each up to 4	20 points	
Total potential points/Total points earned _____	50	_____

III. Chapters' Letter of Recommendation for Qualification		
Total potential points/Total points earned _____	10	_____

IV. Phi Beta Sigma Recognition Awards		
A. Chapter:	1 Award 5 points-2 or more Awards	10 points
B. State:	1 Award 10 points-2 or more Awards	20 points
C. Region:	15 points	
D. National:	5 points	
Total potential points/Total points earned _____	50	_____

V. Profession/Occupation/Community Recognition Awards		
1 Award 5 points up to 10-10 or more Awards 50 points		
Total potential points/Total points earned _____	50	_____

VI. Overall Appearance of Application		
Total potential points/Total points earned _____	10	_____

Total Potential Score _____ **200**

TOTAL RATED APPLICATION SCORE: _____

SCORE PERCENTAGE (Rated Score/Total Potential Score) _____

Committee Chair _____ Date _____

Signature

Committee Chair- Printed Name _____

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Candidate Nomination Form

This form is designed to provide the Regional Nominating Committee information about candidates for Regional Offices. This information will also provide the Committee the opportunity to review resumes and program objectives and schedule interviews.

NOTE: The nominating committee will conduct interviews on a **SPECIFIED TIME and DATE**. Please plan your conference participation accordingly; you must be registered at conference to receive a nomination.

I shall be seeking the office of (check only one):

- | | | |
|--|---|---|
| <input type="checkbox"/> Regional Director | <input type="checkbox"/> 1st Vice Regional Director | <input type="checkbox"/> 2nd Vice Regional Director |
| <input type="checkbox"/> Regional Secretary | <input type="checkbox"/> Regional Treasurer | <input type="checkbox"/> Director, Bigger and Better Business |
| <input type="checkbox"/> Director, Education | <input type="checkbox"/> Director, Social Action | <input type="checkbox"/> Director, Collegiate Affairs |
-

Complete the Following Information (please print):

Name: _____

Address: _____

City: _____ **State:** ____ **Zip Code:** _____

Phone Number: _____ **Email Address:** _____

Chapter Affiliation: _____ **Membership Number:** _____

Signature: _____

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Bro. Lyric Cosby, So Region Secretary
1513 Conley Way
Conley, GA 30288-6810
southernregionalsecretary@gmail.com

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Request for a Regional Constitution Change

PLEASE TYPE OR PRINT CLEARLY

(attach additional sheets if necessary)

I/We, _____, of the
_____ Chapter, wish to amend the Southern Region Constitution or Bylaws by:

(check appropriate number – only one per form)

1. Inserting “certain words” in a “specific” place within the “existing” text.
2. Deleting “certain words” from a “specific” place within the “existing” text.
3. Deleting “certain words” from a “specific” place within the existing text and in their place inserting “certain new words.”
4. Inserting a new paragraph (which does not now exist) between two existing paragraphs with the subsequent necessary renumbering.
5. Deleting existing paragraph with the subsequent necessary renumbering.
6. Substituting an already existing paragraph with an entirely new paragraph.

Current wording in **CONSTITUTION** or **BYLAWS**:

Article _____, Section _____, Paragraph _____, Subsection _____ states the following:

Suggested changes to **CONSTITUTION** or **BYLAWS** and its rationale:

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DEADLINE FOR SUBMISSION OF FORM IS March 1, 2020

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MILESTONE INFORMATION FORM

WHO SHOULD FILL OUT THIS FORM? ANY BROTHER, WHO, IN 2018, CELEBRATES HIS ANNIVERSARY OF EITHER 10, 25, 50, 55, 60, OR 65 YEARS OF MEMBERSHIP AND SERVICE IN THE FRATERNITY.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL ADDRESS: _____

FRAT CARD NO: _____ INITIATION DATE: _____

CHAPTER INITIATED: _____

PRESENT OCCUPATION: _____

SIGNED

DATE

THIS FORM MUST BE RETURNED TO:

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Omega Chapter Citation Form

PLEASE TYPE OR PRINT CLEARLY

Name of Deceased Brother _____

Last Chapter Deceased Brother was affiliated with _____

Date of Death _____ Cause of Death _____

Date of Initiation _____ Chapter of Initiation _____

Deceased Brother's Nearest Relative _____

Relationship _____ Telephone Number _____

Name of Person Completing Form _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Chapter Affiliation _____

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Resolution Form

(attach additional sheets if necessary)

PLEASE TYPE OR PRINT CLEARLY

Name of Chapter

Chapter President **OR** Initiating Brother

Frat Card No.

WHEREAS, _____

AND WHEREAS, _____

THEREFORE, BE IT RESOLVED, _____

THIS FORM MUST BE RETURNED TO:

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