



## ***Official Boule Workbook for Chapters***

**July 15 – 19, 2014**

**Washington Hilton**

**Washington, DC**



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Zeta Phi Beta Sorority, Incorporated \* 1734 New Hampshire Avenue NW \* Washington, DC 20009  
Telephone: (202) 387-3103 \* Website: [www.zphib1920.org](http://www.zphib1920.org)  
Email: [info@zetaphibetasororityhq.org](mailto:info@zetaphibetasororityhq.org)  
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## MEMORANDUM

To: All Financial Chapters

From: Mary Breaux Wright, International Grand Basileus

A handwritten signature in cursive script that reads "Mary Breaux Wright".

Re: 2014 Grand Boule Workbook

Greetings Sorors,

It is an exciting time for Zeta as we continue “Building on the Principles of Zeta While Blazing New Paths.” We are pleased to host this year’s conference in the Nation’s Capital and Zeta’s birthplace.

The Grand Boule Workbook provides important information to help you prepare for the Boule. This workbook should be copied and shared with each financial member of your chapter. Please read the content of this workbook carefully and adhere to all instructions and deadlines. Late forms will not be accepted.

Please direct all questions to the National Headquarters staff. I look forward to greeting you in Washington, DC.



## DEADLINE CHART

The chart below list the due dates of the forms in this workbook. Please adhere to the deadline as late forms will not be accepted.

Due Date	Form
April 18, 2014	Corporate Sponsorship Incentive
June 1, 2014	Souvenir Journal
June 1, 2014	Proposed Recommendations
June 1, 2014	Proposed Resolutions
June 1, 2014	Boulé Committee Volunteer
June 1, 2014	Necrology
June 1, 2014	Old School/New School Stroll-Off Competition
June 1, 2014	Voting Delegates
June 1, 2014	Zeta Dove
June 1, 2014	Scrapbook Entry
June 1, 2014	2014 Boule Awards
June 1, 2014	Zeta Image Workshop Registration
June 1, 2014	ZOL Roundtable Proposal
June 1, 2014	Z-HOPE Initiative
July 15, 2014 @5:00 pm EDT	Change of Voting Status



## SOUVENIR JOURNAL ADVERTISING CONTRACT (NON-PROFITS, PARTNERS, CORPORATE, INDIVIDUALS, ZETA AND AUXILIARIES)

Business Type	Price	Ad Size	Select One
Corporate	\$1000.00	Full Page	<input type="checkbox"/>
	\$750.00	Half Page	<input type="checkbox"/>
Chapters/Non Profits and Partners	\$400.00	Full Page	<input type="checkbox"/>
	\$300.00	Half Page	<input type="checkbox"/>
	\$250.00	Quarter Page	<input type="checkbox"/>
Chapters/Corporate/Non Profits/Partners	\$2000.00	Inside Front Cover	<input type="checkbox"/>
	\$2000.00	Inside Back Cover	<input type="checkbox"/>
	\$2500.00	Outside Back Cover	<input type="checkbox"/>

Check as applicable:

- Zeta Chapter     Zeta     Amicae Auxiliary     Amicae     Archonette  
 Amicette     Individual     Non-Profits     Partners     Corporate

*(Please print legibly using blue or black ink or type)*

Chapter/Organization Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name of submitter \_\_\_\_\_ Email \_\_\_\_\_  
 Daytime phone no.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Evening \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Submission Guidelines:**

**All ads must be submitted electronically to Boule 2014Ads@Zetaphibetasorority.com**

- Submissions may be made using one of the following software programs:
  - Microsoft Word 2003 or higher.
  - Adobe Illustrator 6.0 or below.
- Each ad must have a one inch border all around the page (all borders).
- Cashier's check, certified check and credit card are acceptable methods of payment
- Make payment to Zeta Phi Beta Sorority, Incorporated and Mail payment and advertisement to: Zeta Phi Beta Sorority, Incorporated Attn: Boule Souvenir Journal, 1734 New Hampshire Avenue NW, Washington DC 20009
- Deadline Date is June 1, 2014**

- MasterCard     Visa     AMEX     Discover

Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_ Authorization Code \_\_\_\_\_  
 Print Cardholder Name \_\_\_\_\_  
 Cardholder Billing Address \_\_\_\_\_ Zip \_\_\_\_\_  
**Total Amount to Bill Your Card = \$ \_\_\_\_\_**  
 Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**National Office use only:**

Received by \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_  
 Payment type \_\_\_\_\_ Ad Size \_\_\_\_\_



## PROPOSED RECOMMENDATIONS

*(Please print legibly using blue or black ink or type)*

**A recommendation is a proposal for the membership to consider.**

Regions, states and financial chapters may propose recommendations to be considered at the Boule. The Recommendations Committee will review all proposed recommendations and report them to the body during the General Business Session.

**(Duplicate this form as necessary. Use one form per proposed recommendation.)**

Recommendation and rationale \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We hereby certify that this proposed recommendation was approved on \_\_\_\_\_ day of \_\_\_\_\_, 2014  
at the regular meeting of the \_\_\_\_\_ Region/State/Chapter.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Regional Director/State Director/ Chapter Basileus (whichever is applicable) \_\_\_\_\_

Telephone: Day \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Evening \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_

E-mail \_\_\_\_\_

Grammateus \_\_\_\_\_

Telephone: Day \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Evening \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_

E-mail \_\_\_\_\_

Signatures (Two signatures of officers, based on the level at which this proposal is submitted.)

Chapter Basileus and Chapter Grammateus  
State Director and State Grammateus  
Regional Director and Regional Grammateus  
Chairman, National Executive Board and National Grammateus

**DEADLINE:**

June 1, 2014

**SUBMIT FORM ELECTRONICALLY TO:**

recommendationcoord@Zetaphibetasorority.com



## PROPOSED RESOLUTIONS

(Please print legibly using blue or black ink or type)

Regions, states and financial chapters may propose resolutions to be considered at the Boule . The Resolutions Committee will review all proposed resolutions and report them to the body during the General Business Session.

**(Duplicate this form as necessary. Use one form per proposed resolution.)**

Resolution and rationale: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We hereby certify that this proposed recommendation was approved on \_\_\_\_\_ day of \_\_\_\_\_, 2014  
at the regular meeting of the \_\_\_\_\_ Region/State/Chapter.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Regional Director/State Director/ Chapter Basileus (whichever is applicable) \_\_\_\_\_

Telephone: Day \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Evening \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_

E-mail \_\_\_\_\_

Grammateus \_\_\_\_\_

Telephone: Day \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Evening \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_

E-mail \_\_\_\_\_

Signatures (Two signatures of officers, based on the level at which this proposal is submitted.)

Chapter Basileus and Chapter Grammateus  
State Director and State Grammateus  
Regional Director and Regional Grammateus  
Chairman, National Executive Board and National Grammateus

**DEADLINE:**

June 1, 2014

**SUBMIT FORM ELECTRONICALLY TO:**

resolutioncoord@Zetaphibetasorority.com



# 2014 GRAND BOULE COMMITTEE VOLUNTEERS

*(Please print legibly using blue or black ink or type. Duplicate as necessary)*

Please list the names of Sorors planning to attend the 2014 Grand Boule who are interested in serving on one of the Boule Committees named below.

**Committee Name:**

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Credentials | <input type="checkbox"/> Scrapbook/Multimedia Presentations |
| <input type="checkbox"/> Election    | <input type="checkbox"/> Recommendations                    |
| <input type="checkbox"/> Evaluation  | <input type="checkbox"/> Resolution                         |

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Name \_\_\_\_\_ Membership No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: Day \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Evening \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
E-mail \_\_\_\_\_ Committee \_\_\_\_\_

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Name \_\_\_\_\_ Membership No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: Day \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Evening \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
E-mail \_\_\_\_\_ Committee \_\_\_\_\_

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Name \_\_\_\_\_ Membership No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: Day \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Evening \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
E-mail \_\_\_\_\_ Committee \_\_\_\_\_

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Name \_\_\_\_\_ Membership No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: Day \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Evening \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
E-mail \_\_\_\_\_ Committee \_\_\_\_\_

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**DEADLINE:**  
June 1, 2014

**SUBMIT FORM ELECTRONICALLY TO:**  
volunteercoord@Zetaphibetasorority.com





# CHAPTER NECROLOGY REPORT

*(Please print legibly using blue or black ink or type)*

The following Sorors are to be designated as "Triumphant Sorors" during the 2014 Grand Boule Necrology Program. (List the names of Sorors who have passed since the 2012 Boule.)

Name _____	Date ____/____/____
Name _____	Date ____/____/____
Name _____	Date ____/____/____
Name _____	Date ____/____/____
Name _____	Date ____/____/____
Name _____	Date ____/____/____
Name _____	Date ____/____/____
Name _____	Date ____/____/____
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Name _____	Date ____/____/____
Name _____	Date ____/____/____
Name _____	Date ____/____/____
Name _____	Date ____/____/____
Name _____	Date ____/____/____

Chapter \_\_\_\_\_ City/State \_\_\_\_\_  
Chapter Basileus \_\_\_\_\_ Region \_\_\_\_\_  
Date Submitted \_\_\_\_/\_\_\_\_/\_\_\_\_

**DEADLINE:**  
June 1, 2014

**SUBMIT FORM ELECTRONICALLY TO:**  
[necrologycoord@Zetaphibetasorority.com](mailto:necrologycoord@Zetaphibetasorority.com)





# OLD SCHOOL/NEW SCHOOL STROLL-OFF COMPETITION GUIDELINES

*(Please print legibly using blue or black ink or type)*

The old school/new school stroll-off competition will showcase teams demonstrating their agility, creativity and understanding of rhythm and dance as they show precision, synchronization, originality, and showmanship.

## QUALIFICATIONS:

1. Each participant must be a registered Boule attendee.
2. Each participant must be a member of a financial chapter or auxiliary group.

## GUIDELINES

- Your entire routine cannot exceed 5 minutes.
- Your introduction, show, exit are all to be included in the 5 minutes. One point will be deducted from your final score for every minute that exceeds the allotted 5 minutes.
- All step teams must have a uniform that is tasteful and befitting to finer women.
- All music is to be free from explicit, profane and vulgar lyrics. Please be prepared to provide your music in MP3 and a CD backup. Provide 2 copies of the CD one for the show and one for prescreening purposes.
- Profane or vulgar gestures, movements during the show will lead to an immediate disqualification. Zeta Phi Beta Sorority, Incorporated reserves the right to disqualify teams with inappropriate uniforms, routines including vulgar language, or for any reason it deems necessary.

## JUDGING CRITERIA

All shows will be judged on the following criteria:

Overall Presentation	5 points
Show's Theme	5 points
Precision	5 points
Difficulty	5 points
Uniforms/Appearance	5 points
Synchronization	5 points
Originality	5 points
Crowd Participation	5 points

**TOTAL** 40 points

## PRIZES

1 <sup>ST</sup> Place	\$1000.00
2 <sup>nd</sup> Place	\$ 750.00
3 <sup>rd</sup> Place	\$ 500.00





# VOTING DELEGATE FORM

(Please print legibly using blue or black ink or type.)

Please indicate below the voting delegates that will be representing your chapter for the 2014 Grand Boule

Chapter \_\_\_\_\_ Region \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail \_\_\_\_\_

Chapter Basileus \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Telephone: Day \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Evening \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Members to Delegate Ratios per the Constitution:			
1 to 4	= 1 vote	26 to 50	= 4 votes
5 to 25	= 2 votes	51+	= 6 votes

Number of Financial Members \_\_\_\_\_ Number of Delegates Eligible for Voting \_\_\_\_\_

Please note that all Voting Delegates listed below must be financial on all levels of the Sorority and be registered for the Boule. Please do not list life members (of any level) on this form.

	Name	Member ID
Delegate #1	_____	_____
Delegate #2	_____	_____
Delegate #3	_____	_____
Delegate #4	_____	_____
Delegate #5	_____	_____
Delegate #6	_____	_____

Current Basileus' Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**DEADLINE:**  
June 1, 2014

**RETURN TO:**  
 Zeta Phi Beta Sorority, Incorporated, National Headquarters  
 1734 New Hampshire Avenue NW Washington, DC 20009  
**Please retain a copy for your chapter records.**



# CHANGE OF VOTING STATUS FORM

The deadline for submitting this form is Tuesday, July 15, 2014 at 5:00 PM Eastern Daylight Time (EDT)

Only a chapter Basileus, State Director or Regional Director can authorize a Change in Voting Status. Sorors requesting a change in Voting Status must have their Chapter Basileus, State Director or Regional Director accompanies them to the onsite National Headquarters Office to deliver the Voting Status Change Form.

CHAPTER \_\_\_\_\_ STATE \_\_\_\_\_ REGION \_\_\_\_\_

THIS IS TO REQUEST A CHANGE IN VOTING STATUS

CURRENT SOROR: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Please check current status:

- Non-Voting                       Voting Delegate                       National Executive Board Member
- Life Member                       Golden Life Member                       State Director                       Other

Please change Voting Status to the following:

- Non-Voting                       Voting Delegate                       National Executive Board Member
- Life Member                       Golden Life Member                       State Director                       Other

-----  
New Soror: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Please check current status:

- Non-Voting                       Voting Delegate                       National Executive Board Member
- Life Member                       Golden Life Member                       State Director                       Other

Please change Voting Status to the following:

- Non-Voting                       Voting Delegate                       National Executive Board Member
- Life Member                       Golden Life Member                       State Director                       Other

**APPROVED BY:**

**NAME** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**POSITION** \_\_\_\_\_

**(Must be Chapter Basileus, State Director, Regional Director)**

**Current Basileus' Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

DO NOT WRITE BELOW THIS LINE – NATIONAL HQ & BOULE REGISTRATION USE ONLY

Date/Time \_\_\_\_\_ System Updated By: \_\_\_\_\_

Old Badge Received/New Badge Issued by: \_\_\_\_\_



## ZETA DOVES FORM

Please submit the names and information of Sorors who are celebrating 50+ years of active service to the Sorority since August 2013 through December 2014 and have not been recognized at a previous Boule. Submit the below application by **June 1, 2014**.

Name:			
Date of birth:		Home Phone Number:	Alternate Phone Number:
Current address:			
City:		State:	ZIP Code:
Email Address			
Zeta Profile			
Zeta Initiation Year:		Initiation Chapter:	
Region	Current Chapter:		How long?
Membership Status	<input type="checkbox"/> Golden Life	<input type="checkbox"/> Life	<input type="checkbox"/> Graduate
	<input type="checkbox"/> Grad Member-at-Large		
Current Chapter Basileus:		Phone Number:	Email Address:
Chapter Address:		City:	State: Zip
Positions Held in Zeta			
National	Regional	State	Local Chapter
Zeta Recognitions			
National	Regional	State	Local Chapter
About Me			
Have You Ever Been Recognized at a National Boule' as a Zeta Dove? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Boul year _____			
Provide a little known fact about yourself?			
Favorite Book:		Favorite Movie:	Hobbies:
Favorite Vacation Spot:		Favorite Recipe:	Favorite Food:
Favorite Entertainer:		Favorite TV Show:	Favorite Restaurant:
Family Information			
Name	Relationship		Greek Affiliation (if applicable): Y or N
Signatures			
I authorize the use of the above information for Zeta Phi Beta Sorority, Incorporated use only.			
Print Name:			Date:
Signature:			Date:

**SUBMIT FORM ELECTRONICALLY TO:**  
 zetadovecoord@Zetaphibetasorority.com



## SCRAPBOOK CRITERIA, GUIDELINES, POINT SHEET AND ENTRY FORM

The following information has been compiled to ensure that every chapter understands the guidelines and criteria for scrapbook competition. In the true spirit of scrapbook designing, creativity is important and depicted in the point system.

1. Each chapter that submits a scrapbook for competition must be financial on the state, regional and national level.
2. Scrapbooks must be submitted at the Grand Boule in the designated area by \_\_\_\_\_ at \_\_\_\_\_ p.m.
3. Graduate Chapters, Undergraduate Chapters and Auxiliaries will compete against other chapters and auxiliaries of the same size. There will be a first, second and third place winner for each category.
  - a. **Small: 0-4 members**
  - b. **Medium: 5--25 members**
  - c. **Large: 25-50 members**
  - d. **Larger: 51 or more members**
4. Each section of the scrapbook will be assessed in two areas: **content and creativity**.
5. The judging panel will comprise of one representative from each region or sorors whose chapter is not competing.
6. Sorors who serve as judges must be registered for the Grand Boule.
7. Secure all decorative items with the appropriate adhesive. The judges will not be responsible for making repairs to scrapbooks or keeping up with loose pieces.
8. The scrapbook with the highest number of points in each size category **WINS!**

### Content

The content should include supporting documentation for the activities displayed. Supporting documentation is defined as newspaper articles, pictures, programs, tickets, fliers, etc. The number of supporting documents for each section will vary between one and two pieces. The requirements are listed in the scrapbook guidelines section below. There should be a divider for each of the following sections: Programs and Z-HOPE Projects, Chapter/Auxiliary Activities, Blue and White Social Activities and Organizational Affiliations.

### Creativity

Each section will be highly judged on creativity. Chapter/Auxiliaries can show creativity in original and exciting ways through design, material, layout, etc. The design should not render the scrapbook or its pages difficult to read or understand.

## SCRAPBOOK GUIDELINES

### I. Cover

The cover should include the following information: Sorority Name, Chapter Name, University Name (if applicable), City, State, National/Regional Theme, and Depiction of the National Theme: Building on the Principles of Zeta While Blazing New Paths.

### II. Scrapbook Introduction

#### Title Page

Sorority Name, Chapter Name, City, State, Grand Basileus' name, Regional Director's Name, State Director's Name, Chapter Basileus' Name, Range of Years for Scrapbook (2012-2014) since the last Boule.

#### Table of Contents and Dividers

The Table of Contents should include the section name and page number. Each section of the scrapbook should have a divider. The first section requiring a divider is Programs and Projects.





#### History

- Local Chapter /Auxiliary History from chartering date and Local Officers Listed-Not to exceed 5 Pages

#### III. Programs and Projects-1 piece of documentation required. Content points will be awarded for each Z-HOPE/Stork's Nest program and non-Z-HOPE programs. Z-HOPE projects should be clearly labeled.

- Z-HOPE (accompanied by an introductory explanation of the Z-HOPE program to include the category Mind, Body, and/or Spirit)
- March of Dimes/Stork's Nest
- Elder Care
- Adopt-a-School
- Other Projects

#### IV. Chapter / Auxiliary Activities

Two pieces of documentation is required for all of the categories listed except Awards and Recognitions. For these, only one piece of documentation is required. Content points will be given for each activity under each category.

- Membership-3 R's (Recruitment, Retention and Reclamation)
- National Observances-Founder's Day, Finer Womanhood
- Fundraising Activities
- Scholarship Activities
- Awards and Recognitions
- Conferences-Area Workshops, State and Regional Conferences, etc.

#### V. Blue and White Social Activities-one piece of documentation is required. Bonus points will be given per activity under each category.

- Undergraduates (for graduate chapters)
- Graduate (for undergraduate chapters)
- Phi Beta Sigma
- Social Activities with Chapter /Auxiliary Members or with Other Chapters or Auxiliaries

#### VI. Auxiliaries-one piece of documentation is required. Bonus points will be given per auxiliary not per activity for each auxiliary.

- Amicae
- Archonettes
- Amicettes
- Pearlettes

#### VII. Organizational Affiliations and Partnerships-one piece of documentation is required. Content points will be given per activity for each affiliation or partnership.

- All organizations/councils in which your chapter has representation, examples:
  - National Pan-Hellenic Council
  - Urban League
  - National Association for the Advancement of Colored People
  - National Council of Negro Women



## SCRAPBOOK POINT SHEET

### I. Cover

- 1pt Sorority Name
- 1pt Chapter Name, University Name (if applicable)
- 1pt City/State
- 1-3pts Depiction of the National Theme: Building on the Principles of Zeta While Blazing New Paths

### II. Scrapbook Introduction Title Page and History

- 1pt Sorority Name
- 1pt Chapter Name, City, State
- 1pt Grand Basileus' name, Regional Director's Name, State Director's Name, Chapter Basileus' Name
- 1pt Range of Years for Scrapbook (2012-2014) since the last Boule
- 1pt Table of Contents and Dividers
- 1-3pts History

### III. Programs and Projects

Three content points will be awarded for each Z-HOPE/Stork's Nest program and non-Z-HOPE programs.

- 3pts. each Z-HOPE
- 3pts. each March of Dimes/Stork's Nest
- 3pts. each Elder Care
- 3pts. each Adopt-a-School
- 3pts. each Other Projects

### IV. Chapter / Auxiliary Activities

Three content points will be awarded for each activity.

- 3pts. each Membership-3 R's (Recruitment, Retention and Reclamation)
- 3pts. each National Observances-Founder's Day, Finer Womanhood
- 3pts. each Fundraising Activities
- 3pts. each Scholarship Activities
- 3pts. each Awards and Recognitions
- 3pts. each Conferences-Area Workshops, State and Regional Conferences, etc.

### V. Blue and White Social Activities. Two bonus points will be given per activity under each category.

- 2pts. each Undergraduates (for graduate chapters)
- 2pts. each Graduate (for undergraduate chapters)
- 2pts. each Phi Beta Sigma
- 2pts. each Social Activities with Chapter /Auxiliary Members or with Other Chapters or Auxiliaries

### VI. Auxiliaries. Two bonus points will be given per auxiliary not per activity for each auxiliary.

- 2pts. each Amicae
- 2pts. each Archonettes
- 2pts. each Amicettes
- 2pts. each Pearlettes

### VII. Organizational Affiliations and Partnerships. Two content points will be given per activity for each affiliation or partnership.

- All organizations/councils in which your chapter has representation, examples:
  - 2pts. each National Pan-Hellenic Council
  - 2pts. each Urban League
  - 2pts. each National Association for the Advancement of Colored People
  - 2pts. each National Council of Negro Women



## SCRAPBOOK ENTRY FORM

*(Please print legibly using blue or black ink or type)*

### Chapter/Auxiliary Information

Chapter/Auxiliary Name: \_\_\_\_\_

State: \_\_\_\_\_ Region: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hotel: \_\_\_\_\_ Room #: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Please submit your chapter's scrapbook and this completed form on-site at the 2014 Grand Boule on Tuesday, July 15, 2014. Chapters are responsible for all shipping and handling expenses. Zeta Phi Beta Sorority, Incorporated National Headquarters will not be liable for any damage to scrapbooks. After the official judging, all chapters should retrieve their scrapbooks or they will be discarded.

**FOR TRACKING PURPOSES ONLY, PLEASE SEND  
A COPY OF THIS FORM**

**Deadline**  
June 1, 2014

**SUBMIT FORM ELECTRONICALLY TO:**  
[scrapbookcoord@Zetaphibetasorority.com](mailto:scrapbookcoord@Zetaphibetasorority.com)



## UNDERGRADUATE FUNDING REQUEST SAMPLE LETTER

Use the sample letter below to request funding from your university to attend the National Leadership Conference (Boulé).

{Name} (Use proper title, i.e. Dr., Dean, Mr., Ms.)  
{Title}  
{University Name}  
{Address}  
{City, State, Zip Code}

Dear {Name}:

I am \_\_\_\_ (name) \_\_\_\_, {a member or your chapter office title} of {chapter name} Chapter of Zeta Phi Beta Sorority, Incorporated. I am writing to request funding to attend our National Leadership Conference.

The Zeta Phi Beta Sorority, Incorporated National Leadership Conference will be held July 15-19, 2014, in Washington, DC. We anticipate over twenty five hundred members at the conference. Our members would very much like to represent our chapter and the University at the conference.

Our participation in this leadership conference will provide us opportunities to grow as leaders. Information will be abounding. We will gain firsthand knowledge on how Zeta operates on the national level, be introduced to strategies that will aid us in running our local chapter more effectively and efficiently, develop and enhance our leadership skills and network with women from all walks of life, (i.e., doctors, educators, social workers, nurses, professors and more importantly, our state, regional and national leaders) who nurture and support us.

We are requesting funds to cover the following expenses related to attending the conference:

### **Conference Registration - \$**

**Plane Ticket/Mileage - \$\$** (If flying, don't forget luggage fees and if driving, check the University rate for reimbursement)

**Hotel - \$\$** (Include cost per day and number of nights staying in the hotel. Don't forget to include taxes)

**Meals - \$\$** (Include only meals that are not covered in the conference registration)

### **TOTAL EXPENSES - \$\$**

The deadline for registration is {registration deadline date}. The first night's deposit for the hotel is required upon making a reservation.

Thank you for your consideration. We look forward to hearing from you soon.

Sincerely,

{Name,}  
{Title}

Enclosure: registration form, plane ticket quote/estimate and hotel information sheet with prices.



## BOULE 2014 AWARDS

**March for Babies** – This award will be given to the chapter that raises the most money during the 2014 campaign based on information from the March of Dimes.

**St. Jude's Research Hospital** – This award will be given to the chapter that raises the most money during the 2014 Sunday of Hope based on information from the St. Jude's Research Hospital organization.

**Excellence in Elder Care Programming Award** – This award will be given to chapters that complete their one required women's program and one required senior's program based on the Z-HOPE reports submitted. The programming must pertain to one of the four areas outlined in the Elder Care Initiative. It must be creative, informative/educational and enhance the well-being of seniors mentally, spiritually or physically. Chapters should list any funding or grants received for their program, sponsorships and collaborations. Submit documentation which will show the breadth and depth of your programming. Examples-Flyers, programs, pictures, newspaper clippings, etc., to Soror T. Diane Surgeon at [tdianesurgeon@yahoo.com](mailto:tdianesurgeon@yahoo.com) by **June 1, 2014**.

**Stork's Nest Award** -This award will be given to the chapters that offer outstanding educational program and incentive components. The Nest must provide documented outstanding service to pregnant women in an effort to decrease premature births. Submit a brief description of your program along with supporting documentation to [storksnestcoord@zetaphibetasorority.com](mailto:storksnestcoord@zetaphibetasorority.com) by **June 1, 2014**.

**Friend Lullelia Walker Harrison Service Award** -The Friend Lullelia Walker Harrison Service Award will recognize the Zeta Amicae Auxiliary that has provided sixty-five, fifty or twenty-five years of continuous service to Zeta Phi Beta Sorority, Incorporated. This award will emphasize the importance of the auxiliary in helping Zeta chapters provide service in their communities. Submit the names of the Amica that meet the criteria to Friend Donnie Faye Hull at [amicaecoord@zetaphibetasorority.com](mailto:amicaecoord@zetaphibetasorority.com) by **June 1, 2014**.

**Friend Mary Breaux Wright Friendship Award**-The Friend Mary Breaux Wright Friendship Award will recognize the Zeta Amica who has provided sixty-five, fifty or twenty-five years of continuous service to the Zeta Amicae Auxiliary. This award will recognize the distinguished years of service, skills and talents of the individual member of Zeta Amicae and Zeta Phi Beta Sorority, Incorporated. Submit the names of the Amica that meet the criteria to Friend Donnie Faye Hull at [amicaecoord@zetaphibetasorority.com](mailto:amicaecoord@zetaphibetasorority.com) by **June 1, 2014**.

**Zeta Amicae Auxiliary Signature Project Award 2014** -The Zeta Amicae Auxiliary Signature Project Award will recognize Amicae Auxiliaries with outstanding and exemplary service projects, programs, and/or activities that will benefit others in their respective communities. Submit a brief summary of your project along with supporting documentation to Friend Donnie Faye Hull at [amicaecoord@zetaphibetasorority.com](mailto:amicaecoord@zetaphibetasorority.com) by **June 1, 2014**.

**Membership Awards** - Membership awards will be given based on the information from the national membership database in the following categories:

- ◆ Chapter with most members
  - ◆ Chapter with most reclaims
  - ◆ Chapter with most new members
  - ◆ Region with most members
  - ◆ Region with most reclaims
  - ◆ Region with most new members
  - ◆ Region with most chartered chapters
  - ◆ State with most members
  - ◆ State with most reclaims
  - ◆ State with most new members
  - ◆ State with most chartered chapters
-



## 2014 NATIONAL BOULE Z-HOPE PROJECT



### Meeting the Basic Needs of the Spiritually Challenged A collaboration of Z-HOPE, Military Advisory Committee and Social Action

#### Armed Forces Retirement Home (AFRH-W) *The Premier Retirement Community for America's Veterans*



In keeping with its mission to provide the finest care for military retirees, AFRH-W ensures that every resident, regardless of financial ability, will receive top-rated long-term care when needed. Their on-site 200-bed King Health Center for primary, intermediate and skilled health care is accredited by the Continuing Care Accreditation Commission (CARF-CCAC). Physical, occupational and recreational therapists and speech-language pathologists work with residents at the Center.

In addition, AFRH-W provides scheduled daily transportation to surrounding hospitals, including Walter Reed National Military Medical Center and the Washington VA Medical Center.

Chapters and Auxiliaries of Zeta Phi Beta Sorority, Fi have two ways to participate:

1. To donate a minimum of \$50 towards the Retirement Home. Points are based on the donation amount. (Ex. \$150=150 points)
2. Chapters also have the option of donating items. For chapters that are bringing items. A minimum of 20 items must be submitted at the Boule to receive points. A room will be available near the registration area at the host hotel to bring items upon arrival. Z-HOPE points = 25 for 20 items.

#### Logistics:

1. Make all checks payable to: Zeta Phi Beta Sorority, Incorporated in the memo section of your check, write "**Armed Forces Retirement Home**".
2. Send your payment (**cashier's or certified check only**- Postmarked by June 1, 2014) with your completed Z-HOPE form directly to:

Zeta Phi Beta Sorority, Incorporated  
1734 New Hampshire Ave, NW  
Washington, DC 20009

**Please place the following on the front of the envelope: Attn: Armed Forces Retirement Home**

3. Send copies of your donation check and Z-HOPE form to your State Z- HOPE Coordinator **NO LATER THAN June 1, 2014** in order to receive your Z-HOPE points.



## 2014 National Boule Z-HOPE Project



### Meeting the Basic Needs of the Spiritually Challenged A collaboration of ZHOPE, Military Advisory Committee and Social Action

### Armed Forces Retirement Home *The Premier Retirement Community for America's Veterans*

**TARGET:** Women and Men  
**COMPONENT:** Spirit  
**CATEGORY:** Meeting Basic Needs of the Spiritually Challenged  
**TIMELINE:** All monies due June 1, 2014

**GOAL:** To donate a minimum amount of \$5,000 to the Armed Forces Retirement Home, which provides various levels of emergency financial assistance, services, entertainment, programs, counseling and/or recovery support to all service personnel, the families they leave behind, and the Wounded Warriors when they return.

**PURPOSE:** To raise funds for **Armed Forces Retirement Home** in support of Military members and their families. Not only are we serving our Sorority, but also serving our Community and Country by giving back, helping those in need and fostering positive attitudes and climates.

#### Armed Forces Retirement Home Donation List Ideas

**Toiletries:** Soap, shampoo, conditioner, lotion, hairbrushes, combs, travel kits, travel size sundries.

**Clothing Items:** Socks, men's undershirts, tee shirts, shorts, sweatpants, sweatshirts, button down shirts, robes, slippers, hats, gloves, and scarves.

**Entertainment:** Large Print Puzzle Books – Crossword, Sudoku, Word Search; Large Print Books; DVD's – History, Westerns, Military.

**Shopping:** Gift Cards – AAFES, Walmart, Target, Visa.

**Arts & Crafts Supplies:** Paints, paintbrushes, colored paper, cardstock, scrapbooking paper, Michael's Gift Card.

**Snacks:** Mints; Packaged Crackers, Chips, Cookies.

**Other Items:** Blankets, Bath Towels, Hand Towels, Stationery, Blank Cards, Thank You Cards, Pens, Envelopes, Stamps.





## 2014 CORPORATE PARTNERSHIP INCENTIVE SPONSORING MEMBER

Members of Zeta Phi Beta Sorority, Incorporated, Amicae, Sigmas and the Zeta Male Network are invited to assist the Corporate Sponsorship Committee in building relationships with corporations and organizational entities that will opt to provide a sponsorship at a \$5,000 or greater level for Boule 2014, Boule 2016, Boule 2018, Boule 2020 and/or Centennial Sponsorship.

### **Partnership Incentive Requirements**

The recommending member will have influence with the partner as an employee, a significant contact in the organization, or through an established relationship with a key decision maker. The Corporate Sponsorship Incentive form must be submitted to the Corporate Sponsorship Chair, Cathy Mock, for approval prior to the discussion with a potential partner.

All forms for consideration of a partner must be submitted by **April 18, 2014** to participate in the incentive. A call to discuss the partnership with the Corporate Sponsorship Chair or her designee must be completed by **April 23, 2014**.

### **Partnership Executive**

A financial and active Zeta will be assigned to execute the partnership agreement upon signature. The Corporate Sponsorship Chair will designate the Partnership Executive who she determines will best execute the agreement and the elements of responsibility. The Partnership Executive will be responsible to:

1. Involve the Sponsoring Member if not designated as the Partnership Executive;
2. Assist in managing the paperwork requirements to finalize the partnership inclusive of the funding;
3. Work with the partner to submit all agreed to elements of the partnership including ad submission, exhibit requirements;
4. Assist in setting up the partner exhibit and information at the event;
5. Host the partner at designated events as the official hostess;
6. Introduce the partner to key Zeta leadership and other guests;
7. Encourage member participation with the partner at the event;
8. Engage partner in PR opportunities at the event;
9. Create and produce an annual partnership report;
10. Acknowledge with written communication the partner's participation after each event.

## Incentive

Sponsoring Members who recommend a partner that Zeta is successful in signing a 2014 Partnership Agreement will receive a credit of 10% of the total sponsorship amount up to a maximum of \$1000 to be applied in the order of:

1. Boule registration fee;
2. 2 hotel room nights at one of the designated Boule hotels.

Members must be registered for the conference and/or a hotel receipt must be presented for the Sponsoring Member to the Corporate Partnership Chair who will submit for reimbursement of the amount of the incentive within 45 days of the receipt of the total amount of funding. A designated person may utilize the incentive if approved as a component of the Corporate Partnership Incentive Form. The designee will be expected to perform event duties as requested with the Partner by the Partnership Executive.

### **Disclaimer**

Submission of a potential partner does not guarantee that a partnership will be established. While every attempt will be made to pursue those that are aligned with the programs and plans of Zeta, not all may be given the same level of time and energy. The level of influence, the strength of the relationship and the value of our offering to the potential partner will be major considerations in the pursuit of the partnership.



# CORPORATE PARTNERSHIP INCENTIVE FORM

## Sponsoring Member

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Check appropriate:     Zeta     Amica     Male Network     Sigma

Date Submitted \_\_\_\_\_

### **Potential Partner**

Company/Organization Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Position/Title \_\_\_\_\_

Sponsoring Member Relationship/Influence with Contact \_\_\_\_\_

Potential Partner Phone: Potential Partner Email: \_\_\_\_\_

**Potential Level:**     \$5,000     \$10,000     \$25,000     \$50,000

### **Customized Features Requested:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

### **SIGNATURES**

\_\_\_\_\_  
Signature of Sponsoring Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cathy Mock, Corporate Partnership Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mary Breaux Wright, International President

\_\_\_\_\_  
Date

Please submit form via email to: [CathyMock1920@gmail.com](mailto:CathyMock1920@gmail.com)



## BOULE 2014 IMAGE WORKSHOP REGISTRATION FORM

Join us on Tuesday, July 15 at 2 p.m. for a unique personal development experience. Learn to think, feel, look and act like a finer woman from a professional coaching team of experts. You will leave the workshop even finer than you are today!

Name \_\_\_\_\_

Chapter Name \_\_\_\_\_ Location \_\_\_\_\_

Phone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

Membership Category  Graduate  Undergraduate    Initiation Date \_\_\_\_\_

**DEADLINE:**  
June 1, 2014

**SUBMIT FORM ELECTRONICALLY TO:**  
[befiner@Zetaphibetasorority.com](mailto:befiner@Zetaphibetasorority.com)

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## ZETA PROGRAMMATIC INNOVATIONS ROUNDTABLE SESSIONS CALL FOR PROPOSALS



BOULE 2014  
WASHINGTON, D.C.

The Zeta Organization Leadership (ZOL) Committee is currently accepting proposals from chapters, states, and regions to participate in 2014 Boule roundtable sessions on Tuesday, July 15 or Thursday, July 17, 2:00 – 5:00 p.m. Each session will be 30 minutes with time allowed for Q&A. The purpose of the roundtable sessions is to allow you to showcase and share signature programs and/or initiatives that your chapter, state or region has implemented.

Theme: Building on the Principles of Zeta While Blazing New Paths

Strands: Scholarship, Sisterhood, Service, Finer Womanhood. Some examples for the strands are listed below:

Scholarship – unique fundraising ideas, presentations of scholarship

Sisterhood – tips on how to retain, reclaim and recruit members; strategies for bonding and embellishment

Service – service programs that think outside the box to meet the needs of the community while earning Z-HOPE points; creative partnerships

Finer Womanhood – innovative Finer Womanhood activities and programs

Proposals must be focused on one of the four strands. Please designate a “lead presenter” in case there are questions. All presenters must be registered for Boule.

This is an excellent opportunity for chapter, states, and regions to showcase innovative programs that are being implemented. If your chapter, state or region has multiple submissions, each one must be submitted on a separate form and will be evaluated separately.

Please only return the cover sheet along with your proposal.

**DEADLINE:**

June 1, 2014 @ 12 midnight CST

**RETURN TO:**

[Boule2014CallforProposals@yahoo.com](mailto:Boule2014CallforProposals@yahoo.com).

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## Proposal Format

Cover Sheet: Download and complete the cover sheet to provide the session title and name, title or position of presenter(s), name of chapter, presenter's address, email and phone contact for all presenter(s); indicate the lead presenter. Finally, this should be on a separate sheet(s), with the session title included, to describe the content of the presentation.

1. Session Title: The session title should be no more than 10 words and should be included on both the cover sheet and proposal itself so the proposal can be matched with the cover sheet after reviews.
2. Strand: Indicate which strand(s) the proposal addresses.
3. Presentation Format: Indicate the format for this presentation. Presenters will need their own audio visual equipment. Posters, handouts, etc. may be used. If you use a laptop, make sure to fully charge the battery. You will not have power outlets. Allow maximum interaction between presenters and attendees. Each presenter will deliver a brief talk about the project and will field questions from attendees. Those submitting for roundtable discussions can expect to be allocated 30 minutes to present and discuss with attendees. Typically, roundtables have 8-10 seats. It is, therefore, recommended that you limit your presenters to a maximum of two sorors. There is the possibility of having 4-5 rotations.
4. Description/Purpose: Clearly describe the purpose of your presentation, list at least two goals you plan to accomplish by the end of your presentation, and describe in detail how you will meet the goals. This information will be used by the committee for reviewing, evaluating and selecting proposals.
5. Summary: Provide a brief summary (no more than 100 words) that can be copied and pasted directly into the program. This summary will guide attendees in roundtable selections.

### STRANDS

Scholarship

Sisterhood Service

Finer Womanhood

### FORMAT

At the end of 30 minutes, sorors will receive a signal to move to another table. Presenters are asked to assist the facilitator in moving presenters to another table. If attendees have additional questions, it is suggested that you have cards with your name/email address and allow sorors to request additional information or clarification.

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(Cover Sheet: Must accompany proposal for Boule 2014)

Section Title \_\_\_\_\_

Strand \_\_\_\_\_

Lead Presenter's Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Chapter \_\_\_\_\_

Region \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Number \_\_\_\_\_

Email \_\_\_\_\_

Alt. Presenter's Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Chapter \_\_\_\_\_

Region \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Number \_\_\_\_\_

Email \_\_\_\_\_



Additional Presenter's Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Chapter \_\_\_\_\_

Region \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Number \_\_\_\_\_

Email \_\_\_\_\_

Additional Presenter's Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Chapter \_\_\_\_\_

Region \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Number \_\_\_\_\_

Email \_\_\_\_\_











