***Nu Rho Psi* Chapter-of-the-Year Award**



The *Nu Rho Psi* Chapter-of-the-Year Award recognizes the accomplishments of a *Nu Rho Psi* chapter for excellence in carrying out the mission of *Nu Rho Psi* on the local, regional and/or national level during the 2017-18 Academic Year.

**The purpose of *Nu Rho Psi* is to:**

* encourage professional interest and excellence in scholarship, particularly in neuroscience;
* award recognition to students who have achieved such excellence in scholarship;
* advance the discipline of neuroscience; encourage intellectual and social interaction between students, faculty, and professionals in neuroscience and related fields;
* promote career development in neuroscience and related fields;
* increase public awareness of neuroscience and its benefits for the individual and society; and
* encourage service to the community.

**Award Information**

No more than one *Nu Rho Psi* chapter each year will be recognized for its effectiveness in fulfilling the mission of the Society. The award recipient will be recognized at the *Nu Rho Psi* National meeting each year. Profiles of winning programs will be featured on the *Nu Rho Psi* Web site and disseminated to the global neuroscience community as a means of sharing successful practices in fostering neuroscience research, professional development, neuroscience education, and community service.

**Selection Criteria**

The *Nu Rho Psi* Chapter-of-the-Year Award is granted by the *Nu Rho Psi* National Council through a competitive process based on self-submitted applications, including a brief case report describing the chapter’s activities during the most recent calendar year. Applications will be reviewed based on the following criteria:

* Demonstrated success of the chapter in carrying out the mission of *Nu Rho Psi.*
* Overall contribution to neuroscience education and research in the institution, community, and the field.
* Impact on and involvement of student members.

**Eligibility**

For award consideration, the *Nu Rho Psi* chapter must have inducted members during the current academic year.

**Application Materials**

See following pages

 **2017-18** ***Nu Rho Psi* Chapter-of-the-Year Award APPLICATION FORM**

The *Nu Rho Psi* Chapter-of-the-Year Award recognizes the accomplishments of a *Nu Rho Psi* chapter for excellence in carrying out the mission of *Nu Rho Psi* on the local, regional and/or national level. The Chapter-of-the-Year Award is granted by the *Nu Rho Psi* National Council through a competitive process based on self-submitted applications, including a brief case report describing the chapter’s activities during the current calendar year. Applications will be reviewed based on the following criteria:

* Demonstrated success of the chapter in carrying out the mission of *Nu Rho Psi.*
* Overall contribution to neuroscience education and research in the institution, community, and the field.
* Impact on and involvement of student members.

**Instructions**

1. All application materials, including the cover page/application form, case report and advisor’s letter of support, must be received by **1 April 2018**, to be considered for the 2017-18 *Nu Rho Psi* Chapter-of-the-Year Award.
2. All application materials should be submitted as a single PDF document to the Chair of the *Nu Rho Psi* Awards Committee, Shubhik DebBurman at debburma@mx.lakeforest.edu.

**Application Checklist**

☐ *Nu Rho Psi* Chapter Name (e.g., Baldwin Wallace University, α in Ohio)

☐ Completed application form (see next page)

☐ Case report describing your chapter’s success in carrying out the mission of *Nu Rho Psi* (maximum 2 pages/1,000 words)

☐ Letter of support from chapter advisor

***Nu Rho Psi* CHAPTER-of-the-year award – 2017-2018 Academic Year**

**APPLICANT INFORMATION**

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| --- |
| *Nu Rho Psi* Chapter Name (e.g., Baldwin Wallace University, α in Ohio):  |

**INDIVIDUAL SUBMITTING THE APPLICATION**

|  |  |  |
| --- | --- | --- |
| First Name: | Last Name:  | MI:  |
| Title:  |
| University/Institution:  |
| Notification Address:  |
| City:  | State:  | Zip:  |
| Country: |
| Phone:  | Fax:  |
| E-mail Address:  |

**APPLICANT CERTIFICATION**

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| --- |
| 🞏I certify that the application information provided is accurate and correct to the best of my knowledge. |
| Date: Signature:  |

**CHAPTER ADVISOR INFORMATION**

|  |  |  |
| --- | --- | --- |
| First Name: | Last Name:  | MI:  |
| Title:  |
| University/Institution & Department:  |
| Phone:  | Fax:  |
| E-mail Address:  |