The NKBA Student Chapter Activity/Financial Report is an Annual Requirement for NKBA Student Chapters at NKBA Affiliated Schools Programs. Complete all sections to the best of your knowledge. The form should be completed with input from the student chapter and the program coordinator. Signatures are required.

Topics to be reported upon are listed below:

1. Program Contact Information
2. Student Chapter Officer Information
3. Financial Report
4. Meeting/Activity Report

Submit a completed, signed, scanned report to **Schools and Students Program Specialist at schools@nkba.org** no later than **October 31**. Upon NKBA review and acceptance of your report, the NKBA awards the student chapter $500 in grant money to be used for NKBA student chapter-related activities.

1. ***Program Contact Information***

|  |
| --- |
| Date: |
| Name of School: |
| Address of School:  |
| Name of NKBA Student Chapter/Organization:  |
| Who should check be made payable to:  |
| (optional) Student Chapter (website, Facebook, Google+, etc.) |
| Program Coordinator Name and Title: |
| E-Mail:  |
| Phone Number: |

***Note:*** This form must be signed on the last page by the NKBA Program Coordinator or Advisor as well as the NKBA Student Chapter President.

1. ***NKBA Student Chapter Officer Information***

NKBA Student Chapter/Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete the roster below with this year’s elected officers (minimum of three NKBA officers is required) All student chapter officers must be current NKBA student members in good standing. Student Member ID is required on this form.

Date Elections Held: MM/DD/YY

Term: from MM/DD/YY to MM/DD/YY

|  |  |  |  |
| --- | --- | --- | --- |
| **Print Name** | **NKBA Student Member # (optional)** | **E-Mail** | **Phone** |
| **President:** |  |  |  |
| **Programs Chair** |  |  |  |
| **\*Secretary** |  |  |  |
| **\*Treasurer** |  |  |  |

\*These two positions may be held by one person, simultaneously

\*\* To find your student member ID #, call Member Relations at 1-800-THE-NKBA

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| 1. ***NKBA Student Chapter Financial Report***

NKBA Student Chapter/Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Financial Report** |
| **Prior Academic Year - NKBA Related Activity** |
| **BEGINNING BALANCE:** |  $  |  |  |  |  |   |
|  |  |  |  |  |  |   |
| **DATE OF BALANCE:** | MM/DD/YY |  |  |  |  |
|  |
| ***Note:*** The Descriptions below are examples that may be changed, removed, or revised. |
|  |
| **INCOME** |
| **DESCRIPTION** | **DATE** | **AMOUNT** |
| NKBA Student Chapter Grant |  |   |
| Bake Sale |   |   |
| Donation from Local NKBA Chapter |  |   |
|   |   |   |
|   |   |   |
| **TOTAL INCOME:** |  $ -  |
|  |
| **EXPENSE** |
| **DESCRIPTION** | **DATE** | **AMOUNT** |
| Educational Activity (i.e., Training) |   |   |
| Event/Meeting |   |   |
| Speaker Fee/Name/Topic |   |   |
| Meeting Expenses (i.e. Food) |   |   |
| KBIS |   |   |
| Presentation Award/Ceremony Expenses |   |   |
|  |   |   |
|   |   |   |
| TOTAL EXPENSE: |  $ -  |
|   |  |  |  |  |  |   |
|   |  |  |  |  |  |   |
|   |  |  |  | ENDING BALANCE: |  $  |
|   |  |  |  | DATE: |   |

1. ***Academic Year Activities/Meetings***

*NKBA Student Chapter/Organization Name:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the completed student activities for the prior year. If more than four meetings were held during the year, attach an additional page with information about those meetings.

|  |
| --- |
| **Meeting #1 Date:**  |
| **Meeting Location:**  |
| **Attending NKBA Advisor:**  |
| **Attending # of NKBA Student Members:**  |
| **Attending # of Guests:**  |
| **Was there a:** [ ]  Speaker/Presentation [ ]  Tour [ ]  Activity [ ]  NKBA-Related Education  |
| **Speaker Name/Presentation Topic:** |
| **Facility Toured:** |
| **Type of Activity:**  |
| **Type of Education:**  |
| **Combined meeting with another school organization?** [ ]  Yes [ ]  No**Name of Organization(s):**  |
| **Links to social media (FaceBook, Google+, Twitter, etc.) publications, marketing materials, attachments, photos, etc. that supported NKBA-related activities throughout the year.**  |
|  |

|  |
| --- |
| **Meeting #2 Date:**  |
| **Meeting Location:**  |
| **Attending NKBA Advisor:**  |
| **Attending # of NKBA Student Members:**  |
| **Attending # of Guests:**  |
| **Was there a:** [ ]  Speaker/Presentation [ ]  Tour [ ]  Activity [ ]  NKBA-Related Education  |
| **Speaker Name/Presentation Topic:** |
| **Facility Toured:** |
| **Type of Activity:**  |
| **Type of Education:**  |
| **Combined meeting with another school organization?** [ ]  **Yes** [ ]  **No****Name of Organization(s):**  |
| **Links to social media (FaceBook, Google+, Twitter, etc.) publications, marketing materials, attachments, photos, etc. that supported NKBA-related activities throughout the year.**  |
|  |

|  |
| --- |
| **Meeting #3 Date:**  |
| **Meeting Location:**  |
| **Attending NKBA Advisor:**  |
| **Attending # of NKBA Student Members:**  |
| **Attending # of Guests:**  |
| **Was there a:** [ ]  Speaker/Presentation [ ]  Tour [ ]  Activity [ ]  NKBA-Related Education  |
| **Speaker Name/Presentation Topic:** |
| **Facility Toured:** |
| **Type of Activity:**  |
| **Type of Education:**  |
| **Combined meeting with another school organization?** [ ]  Yes [ ]  No**Name of Organization(s):**  |
| **Links to social media (FaceBook, Google+, Twitter, etc.) publications, marketing materials, attachments, photos, etc. that supported NKBA-related activities throughout the year.**  |
|  |
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| --- |
| **Meeting #4 Date:**  |
| **Meeting Location:**  |
| **Attending NKBA Advisor:**  |
| **Attending # of NKBA Student Members:**  |
| **Attending # of Guests:**  |
| **Was there a:** [ ]  Speaker/Presentation [ ]  Tour [ ]  Activity [ ]  NKBA-Related Education  |
| **Speaker Name/Presentation Topic:** |
| **Facility Toured:** |
| **Type of Activity:**  |
| **Type of Education:**  |
| **Combined meeting with another school organization?** [ ]  Yes [ ]  No**Name of Organization(s):**  |
| **Links to social media (FaceBook, Google+, Twitter, etc.) publications, marketing materials, attachments, photos, etc. that supported NKBA-related activities throughout the year** |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| Educational – What activities were planned to educate future NKBA professionals? (For example, host a networking meeting with local NKBA professional chapter, types of educational activities such as speakers from the kitchen and bath industry, attend or hold webinars and field trips). Describe the activity in detail.

|  |
| --- |
|  |
| **Date:**  | **Activity:**  |
| **Date:**  | **Activity:**  |
| **Date:**  | **Activity:**  |

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| Networking with the local NKBA Professional Chapter – How did the NKBA Student Chapter network with the NKBA Professional Chapter?  |
| **Date:**  | **Meeting Location:**  |
| **Planned topic:**  |
| **NKBA Professional Chapter Name:**  |
| **Tentative # of Attendees:**  |
| **Describe planned event:**  |
| **How was this meeting improved from last year’s local NKBA Professional Chapter meeting?**  |

Upon NKBA review and acceptance of your report, the NKBA awards the student chapter $500 in grant money to be used for NKBA student chapter-related activities.

The NKBA Program Coordinator or Advisor for the NKBA Student Chapter and the NKBA Student Chapter President must sign this report, certifying that information in this report to be accurate.

(Hand-signed or electronic signatures are acceptable. Email the completed report to Schools and Students Program Specialist at schools@nkba.org due no later than October 31.)

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Program Coordinator or Advisor (required) |  | Date |
|  |  |  |  |
|  |  |  |  |
| Print Name |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature NKBA Student Chapter President (required) |  | Date |
|  |  |  |  |
|  |  |  |  |
| Print Name |  |  |  |