



## **NATIONAL SILHOUETTES OF KAPPA ALPHA PSI FRATERNITY, INCORPORATED**

### **BENEVOLENT GUIDELINES**

#### **PURPOSE**

The general purpose of the Benevolent Committee of the National Silhouettes of Kappa Alpha Psi Fraternity, Incorporated, shall be to extend courtesies to **FINANCIAL NATIONAL SILHOUETTES**.

The **NATIONAL PRESIDENT** Silhouette Jacqueline "Jacquie" Sharp Massey serves as Chair of the Committee. The National Executive Assistant, Joan Petite Crutchfield serves as Co-Chair. Contingent upon notification of request to the National Silhouettes President, memorial expressions, health occurrences, and amenities for special events are extended with prompt attention.





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#### **I. ILLNESS**

##### **A. SILHOUETTE:**

1. Amenities extended for a Silhouette hospitalized within a year for three (3) days or more, may include a bouquet, potted plant, dish garden, fruit basket or other designated amenities (Not to exceed \$ 40.00).
2. Card extended for subsequent confinement(s) exceeding three (3) days within the same year (Not to exceed \$5.00).

##### **B. SPOUSE:**

1. Card extended for three (3) days of hospitalization or homebound (Not to exceed \$5.00).

#### **II. DEATH**

##### **A. SILHOUETTE:**

A red and white floral arrangement with a descriptive National Silhouettes ribbon streamer or other designated memorial (Not to exceed \$100.00).

##### **B. SPOUSE:**

A red and white floral arrangement, potted plant or designated memorial (Not to exceed \$40.00).

##### **D. MOTHER / FATHER:**

A potted plant, a "Thinking of You" Gift Card or designated memorial (Not to exceed \$ 35.00).

##### **C. OTHER RELATIVES:**

Upon notification, the National Silhouettes will extend a card of condolence (Not to exceed \$5.00)



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#### **III. RETIREMENT**

Upon notification, the National Silhouettes will extend recognition of achievement and provide a Congratulatory card (Not to exceed \$5.00).

#### **IV. BIRTHDAY**

Birthday Card extended to Silhouettes upon reaching the **golden age of seventy-five (75) or older** (Not to exceed \$5.00)

#### **V. ADVANCED DEGREE/PROMOTION/OTHER HONORS**

Congratulatory Card extended to Silhouettes upon notification of special achievements (Not to exceed \$5.00).

#### **VI. OTHER CONSIDERATIONS**

All unexpected circumstances, which do not fall within the aforementioned categories, are subject to notification, and approval by the National Silhouettes Executive Board.

#### **VII. BUDGET**

The National Silhouettes Annual Budget line item for benevolence occurrences and courtesies provides a designation of one thousand dollars (\$1,000). **Note:** When unforeseen circumstances occur, and cost of item may exceed aforementioned amounts, the National Treasurer will request authorization from the National President for the expenditure.

#### **WEBSITE ACCESS**

The **National Silhouettes of Kappa Alpha Psi Fraternity, Incorporated BENEVOLENT GUIDELINES** document is accessible in the MEMBERS ONLY section on the National Silhouettes website: [www.kapsilhouettes.org](http://www.kapsilhouettes.org).

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## **NOTIFICATION OF REQUEST**

The **Chapter President** should follow the notification guidelines below:

- (a) Must provide Verification of Silhouettes Financial status;
- (b) Submit transmittal of notification to extend courtesies to the National Silhouettes President; and
- (c) Submit copy of all notifications to their respective Province Coordinator.

Inquires regarding "Membership Status" may be referred to the Province Coordinator who maintains a copy of the National Silhouettes Chapter Rosters and/or questions may also be referred to the National Financial Secretary, Silhouette Shirley T. Pinckney.

**PLEASE PROVIDE THE FOLLOWING INFORMATION TO THE NATIONAL SILHOUETTES PRESIDENT – [nationalsilhouettespresident2013@yahoo.com](mailto:nationalsilhouettespresident2013@yahoo.com)**

Notification and Purpose of Request

Name of Silhouette

Name of Spouse

Chapter and Province

Address

City, State, Zip code

Telephone Number

E-mail

**IF SENDING TO A HOSPITAL, FUNERAL HOME OR OTHER FACILITY, PLEASE PROVIDE THE FOLLOWING INFORMATION:**

Name of Facility

Name of Contact Person (If Available)

Address

City

State

Zip Code

Telephone

Fax

E-mail

