



2025-2026 STARZ BRANCH AWARD
APPLICATION FORM

Branch _____

Must complete each of the following:

____ Branch represented at the AAUW Ohio State Convention (April 2025).

____ Branch Officer List sent to State President by October 30, 2025.

____ Branch represented at 2025 Fall Summit in person or virtual Oct. 11, 2025.

GLITTER POINTS- 1 point for each

____ Branch has 2 or more members at the Fall Summit (in person or virtually).

____ Branch has at least 4 mission-based programs. (List the programs).

____ Branch Program Book sent by hardcopy or email to State President, Program Vice President, Membership Vice President and STARSZ Chair by December 1, 2025.

____ Branch requested and hosted a State Board member for a program. List: board member, program name, and program date.

____ Branch held a membership recruitment event. List date and name of program.

____ Branch membership increased from April 2025. Number of new members: _____

____ Branch Bylaws updated and sent to Nancy Stellhorn by March 1, 2026.

____ Branch members participated in the State AAUW Book Club.

_____Branch has “Interest Groups” which meet regularly. Name the groups.

_____Branch published three or more newsletters. (Hard or email copies sent to State President and Program Vice President).

_____Branch has at Least two or more social media accounts. Include the Links:

Website: _____

Facebook: _____

Twitter: _____

Instagram: _____

Other: _____

_____Branch collaborated in a state project (e.g Be WISE Camp)

Name of Project: _____

_____Branch collaborated in a community project (e.g. Candidates Night, Local

Book Sale). Name of Project/Date: _____

_____Branch collaborated with local college/university on a project or program.

Name of program/project/date: _____

How many students attended? _____

_____Branch participated in a DEI project. Information sent to DEI Chair
by March 27, 2026.

_____Branch participated in local arrangements for March 2026 state meeting.

BRANCH PRESIDENT NAME, ADDRESS, AND PHONE

Name: _____

Address: _____

City, Zip: _____

Phone: _____

Email: _____

Branch: _____