

**After you complete this form, go to this document (or copy and paste this URL into your web browser):** [**https://www.deltagamma.org/library/ttdtdm/collegiate-recruitment-calendar-and-contacts**](https://www.deltagamma.org/library/ttdtdm/collegiate-recruitment-calendar-and-contacts) **to find the chapter contact who should receive this form. You can complete this form in Microsoft Word and email it to the chapter contact, or print it out and mail it in. You can also print this out to complete it, scan it in to your computer and email a scanned copy.**

This form is for use by members of Delta Gamma only. Please attach a picture of the potential member (include her name, city of residence, and the college/university she is attending on the back). **Check one of the following boxes before continuing.**

This is a:  Voluntary Sponsor Form  Requested Sponsor Form  Information Only Sponsor Form

(SIGNATURE REQUIRED ON PAGE 2) (SIGNATURE REQUIRED ON PAGE 2) (SIGNATURE REQUIRED ON PAGE 2)

|  |  |  |  |
| --- | --- | --- | --- |
| For |  | Chapter of Delta Gamma at |  |

CHAPTER LETTERS COLLEGE OR UNIVERSITY

**CANDIDATE INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of potential member: |  |  |  |  |

LAST FIRST MIDDLE NICKNAME (IF ANY)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Home Address: |  |  |  |  |

STREET CITY STATE/PROVINCE ZIP/POSTAL CODE

|  |  |  |  |
| --- | --- | --- | --- |
| Email: |  | Phone: |  |

Entering recruitment as:  Freshman  Sophomore  Junior  Senior Age:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| High School: |  |  |  | Rank in class: |  | / |

NAME CITY STATE/PROVINCE RANK CLASS SIZE

GPA       on a scale of       SAT score       ACT score      

Will this potential member be able to assume financial obligations of Delta Gamma membership?  Yes  No  I don’t

know

|  |  |
| --- | --- |
| Comments (if any): |  |

|  |  |
| --- | --- |
| The potential member might enjoy talking about these topics during recruitment: |  |
|  | |

|  |  |
| --- | --- |
| Other sorority influences: |  |

relationships, Greek affiliations, comments

**FAMILY INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parent’s name: |  | Fraternity/Sorority: |  | College/university: |  |

|  |  |
| --- | --- |
| Parent’s address (IF DIFFERENT FROM ABOVE) |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parent’s name: |  | Fraternity/Sorority: |  | College/university: |  |

|  |  |
| --- | --- |
| Parent’s address (IF DIFFERENT FROM ABOVE) |  |

**LEGACY INFORMATION (please see legacy contact information on page 3)**

**Delta Gamma Relatives/StepRelatives**

|  |  |  |  |
| --- | --- | --- | --- |
| Mother: |  | Contact information: |  |

Name. Chapter of Initiation phone, e-mail

|  |  |  |  |
| --- | --- | --- | --- |
| Grandmother: |  | Contact information: |  |

Name, Chapter of Initiation phone, e-mail

|  |  |  |  |
| --- | --- | --- | --- |
| Sister: |  | Contact information: |  |

Name, Chapter of Initiation phone, e-mail

|  |  |
| --- | --- |
| Other Delta Gamma relatives: |  |

relationships, comments



**ADDITIONAL CANDIDATE INFORMATION**

Please use the space below to provide your personal evaluation of the potential member you are sponsoring, relating her qualifications to Delta Gamma’s Membership Star. **Check all boxes that apply. You may add comments or attach a separate sheet with more details.**

**Character**

Morally acceptable  Loyal  Dependable  Industrious  Other

|  |
| --- |
|  |

**Interests and Talents**

Musical  Athletic  Artistic  Other

|  |
| --- |
|  |

**Education and Scholarship**

Honor Student  Enrichment programs  Likely to finish college  National Honor Society  Other

|  |
| --- |
|  |

**Personal Development**

Congenial  Poised  Compatible in a group  Shy/reserved/quiet  Other

|  |
| --- |
|  |

**Activities and Honors**

Volunteer activities  Religious activities  Leadership abilities  Honors  Other

|  |
| --- |
|  |

**SPONSOR/CONTACT INFORMATION**

**Please check all applicable statements below (continues on to page 3) and fill in additional information as appropriate.**

I am a Delta Gamma  alumna or  collegian. My chapter of initiation is       .

I have known the potential member for       years and the potential member’s family for       years.

I do not personally know the potential member; I acquired information from       .

I hereby endorse this potential member with the understanding that she may become a new member of Delta Gamma.

I do not wish to endorse this potential member. I understand that I may be contacted by the chapter adviser.

Following recruitment, I would like to be notified about the status of this potential member.

(*my contact information is below).*

**Please check box if additional information is attached on a separate sheet of paper.**

**I am in good standing and current with my per capita dues.**

**This form has been completed by**

|  |  |  |
| --- | --- | --- |
|  |  |  |

First name Maiden name Last name

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

address city state/province zip/postal code

|  |  |
| --- | --- |
|  |  |

e-mail phone

|  |  |  |
| --- | --- | --- |
| x |  |  |

signature date

**LEGACY CONTACT INFORMATION (IF APPLICABLE)**

This potential member is my  daughter/stepdaughter  granddaughter/stepgranddaughter  sister/step sister

If the Delta Gamma chapter releases my legacy, I would like to be contacted.  Yes  No

If yes, you can contact me  at any time  between the hours of       and

|  |  |
| --- | --- |
| Contact phone number: |  |

