



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:			ested Sponsor Form ture required on page 2)		Information Only Sponsor Form (SIGNATURE REQUIRED ON PAGE 2)					
For CHAPTER LE	For CHAPTER LETTERS		Chapter of Delta Gamma at		COLLEGE C	COLLEGE OR UNIVERSITY				
CANDII	DATE INFORM	MATION								
Name of pote	ential member									
LAST		FIRST	MIDDLE				NICKNAME (IF ANY)			
Home addres	s									
STREET				CITY			STATE/PROVIN	CE ZI	P/POSTAL CODE	
E-mail	mail			Phone						
Entering as:	Freshman	Sophomore	Junior	Senio	Senior		AGE			
High school							Rank in clas	SS		
NAME			CITY/STATE/PROVIN	ICE			RANK		CLASS SIZE	
GPA				SAT score		A	CT score			
	on a scale of									
Will this potential member be able to assume the financial obligations of Delta Gamma membership? Yes No I don't know										
The potential member might enjoy talking about these topics during recruitment:										
0.1	: (
Other sorority influences RELATIONSHIP(S)			GREEK AFFILIATION(S)		COMMENTS	COMMENTS				
FAMILY	INFORMATION	ON								
MOTHER'S NAME			SORORITY			COLLEGE/UNIVERSITY				
MOTHER'S ADDRE	SSS (IF DIFFERENT FROM ABOVE)								
FATHER'S NAME			FRATERNITY			COLLEGE/UNIVERSITY				
FATHER'S ADDRES	S (IF DIFFERENT FROM ABOVE)									
LEGACY INFORMATION (PLEASE SEE LEGACY CONTACT INFORMATION SECTION ON PAGE 2)										
DELTA GAMMA MOTHER/STEP MOTHER NAME AND CHAPTER OF INITIATION				PHONE		E-MAIL				
DELTA GAMMA GRANDMOTHER/STEP GRANDMOTHER NAME AND CHAPTER OF INITIATION				PHONE		E-MAIL	E-MAIL			
DELTA GAMMA SISTER/STEP SISTER NAME AND CHAPTER OF INITIATION				PHONE		E-MAIL	E-MAIL			
OTHER DELTA GAMMA RELATIVE(S)				COMMENTS	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 attach a separate sheet with more details.**

Character Character										
Interest & Talents	Education & Scholarship									
Activities & Honors	Personal Development									

Character Morally acceptable Loyal De	pendable I	ndustrious C	Other		11011013	Bevelopment		
Interests and Talents Musical Athletic Artistic Other								
Education and Scholarship Honor student Enrichment progra	ms Likely t	to finish college	National Hono	or Society Othe	er			
Personal Development Congenial Poised Compatible in a group Shy/reserved/quiet Other								
Activities and Honors (FEEL FREE TO ATTACH A SEPARATE SHEET) Volunteer activities Religious activities Leadership abilities Honors Other								
SPONSOR/CONTACT INFORMATION								
Please check all applicable statements below and provide 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								
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 (please include contact information below).								
Please check box if additional informa	tion is attached	on a separate she	et or letter.					
This form has been completed by								
FIRST NAME	MAIDEN NAME		LAST NAM	ME				
STREET ADDRESS				E-MAIL				
CITY		STATE/PROVINCE	ZIP/POSTAL CODE	PHONE				
SIGNATURE (REQUIRED — IF SUBMITTING ELECTRONICAL	LY, YOUR NAME IN THI	S BOX WILL BE CONSIDE	RED YOUR SIGNATURE)		DATE			
LEGACY CONTACT INFORMATION (IF APPLICABLE)								
This potential member is my daughter/step daughter granddaughter/step granddaughter sister/step sister								
If the Delta Gamma chapter releases my legacy, I would like to be contacted.								
If yes, you can contact me at any ti	me betwee	en the hours of	and					
Contact phone number								