You may attach additional information, photos and letters of recommendation to this form. Please complete the form with as much information about the potential member as possible; you are not required to complete all fields.

☐ Alpha Xi Delta Legacy Recommendation ☐ Potential Member Recommendation

Name of potential member:_____
First Middle Last Preferred

High school attended:_____ Graduation Date: _____

GPA/Scale:_____/_____ ACT or SAT Score:_____ Rank in class:_____ Class Size:_____

College attended after high school, if any:_____

College GPA:_____ Hours completed: _____

Academic honors & accomplishments (honors or AP classes, National Honors Society, etc.):_____

_____

_____

School and community (volunteer, religious, etc.) activities, including leadership positions:_____

_____

_____

Talents, hobbies, interests (music, dance, sports, theatre, etc.):_____

_____

_____

What are four words you would use to describe her personality?

_____ _____ _____ _____

What topics would the potential member like to talk about during recruitment? _____

_____

_____

What kind of person (ex. leader, academic, outgoing/bubbly, etc.) would the potential member most get along with during recruitment? _____

Please comment on the following characteristics as related to the potential member:

Character & Personality (i.e. loyalty, dependability, outgoing/shy, etc.):_____

_____

_____

Personal Development (i.e. poised, polished, team player, hard worker, etc.):_____

_____

_____

Why did the potential member decide to pursue sorority recruitment? _____

_____

I would rate this potential member in the following way:

- ☐ Light Blue: Qualified and would be an asset to the chapter.
- ☐ Dark Blue: Well qualified, will actively participate in the chapter and will be a good recruiter.
- ☐ Gold: Outstanding potential member who will be sought by other sororities.

Names of parent(s) or guardian(s):_____

Address of parent(s) or guardian(s):_____

Alpha Xi Delta relatives (check all that apply):

☐ Mother/Stepmother ☐ Grandmother/Stepgrandmother ☐ Sister/Stepsister ☐ Aunt

Names of relatives: _____

Initiating Chaper(s): _____

Phone: (____) _____ Email: _____

Other Greek influences: _____

Alpha Xi Delta Member Statement

I recommend this woman: ☐ Yes ☐ No

- ☐ I have known the potential member personally for _____ years.
- ☐ I know the potential member's family.
- ☐ I don't know the potential member, but the recommendation came from a reliable source.

Completed by:_____ ☐ Alumna ☐ Collegian

First Maiden Last

Initiating Chapter:_____ Phone: (_____) _____ Email: _____

Address:_____

Signature:_____ Date:_____