



**LEGACY INFORMATION** (PLEASE SEE LEGACY CONTACT INFORMATION ON PAGE 2)

**DELTA GAMMA RELATIVES**

Mother/Step Mother \_\_\_\_\_ Contact information \_\_\_\_\_  
NAME, CHAPTER OF INITIATION PHONE, E-MAIL

Grandmother/Step Grandmother \_\_\_\_\_ Contact information \_\_\_\_\_  
NAME, CHAPTER OF INITIATION PHONE, E-MAIL

Sister/Step 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 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.**

**This form has been completed by**

FIRST NAME	MAIDEN NAME	LAST NAME	
ADDRESS	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
E-MAIL		PHONE	
<b>X</b> _____		DATE	
SIGNATURE			

**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.  Yes  No

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

Contact phone number \_\_\_\_\_

*Thank you for keeping Delta Gamma strong!*