

Sponsor Form

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	· · · · · · · · · · · · · · · · · · ·	1	Information Only Sponsor Form (SIGNATURE REQUIRED ON PAGE 2)	
For	CHAPTER LETTERS	Chapter of Delta Gamma at	COLLEGE OR UNIVERSITY	

CANDIDATE INFORMATION

Name of pote	ntial member							
LAST		FIRST		MIDDLE		NICKNAME (IF ANY)		
Home addres	S							
STREET				CITY		STATE/PROVINCE	ZIP/POSTAL CODE	
E-mail				Phone				
Entering as:	Freshman	Sophomore	Junior	Senior		AGE		
High school						Rank in class		
NAME			CITY/STATE/PROVIN	CE		RANK	CLASS SIZE	
GPA				SAT score	А	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:								
Other sorority influences								
RELATIONSHIP(S)				GREEK AFFILIATION(S)	COMMENTS	5		
FAMILY INFORMATION								
MOTHER'S NAME			SORORITY		COLLEGE/UNIV	ERSITY		
MOTHER'S ADDRESS (IF DIFFERENT FROM ABOVE)								
FATHER'S NAME			FRATERNITY		COLLEGE/UNIV	ERSITY		
FATHER'S ADDRESS (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
DELTA GAMMA SISTER/STEP SISTER NAME AND CHAPTER OF INITIATION	PHONE	E-MAIL
OTHER DELTA GAMMA RELATIVE(S)	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.

MEMBERSHIP STA Interest & Talents Education & Scholarship Activities 87 Dersonal

Character			Honors	Development			
	pendable Industrious	Other					
Interests and Talents Musical Athletic Artistic							
Education and Scholarship Honor student Enrichment progra	ms Likely to finish co	llege 📃 National Honor S	ociety Other				
Personal Development Congenial Poised Compatibl	e in a group Shy/reser	ved/quiet Other					
Activities and Honors (FEEL FREE TO ATTACH A SE Volunteer activities Religious activities		es Honors Other					
SPONSOR/CONTACT INI	FORMATION						
Please check all applicable statements below	and provide additional info	rmation as appropriate.					
I am a Delta Gamma 🖉 alumna or 📃 colleş	gian. My chapter of initiatio	n 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 (please include contact information below).							
Please check box if additional information is attached on a separate sheet or letter.							
This form has been completed by							
FIRST NAME	MAIDEN NAME	LAST NAME					
STREET ADDRESS			E-MAIL				
СІТҮ	STATE/PROV	NCE ZIP/POSTAL CODE	PHONE				
SIGNATURE (REQUIRED – IF SUBMITTING ELECTRONICAL	LY, YOUR NAME IN THIS BOX WILL BE	CONSIDERED YOUR SIGNATURE)	DATE				
LEGACY CONTACT INF	ORMATION (IF APP	LICABLE)					
This potential member is my daughter/step daughter granddaughter/step granddaughter sister/step sister							
If the Delta Gamma chapter releases my l	egacy, I would like to be cor	ntacted. Yes No					
If yes, you can contact me	me between the hour	s of and					
Contact phone number							

Thank you for keeping Delta Gamma strong!