



**DELTA GAMMA**  
FRATERNITY

*for hope. for strength. for life.*

# 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 is a:  Voluntary Sponsor Form (SIGNATURE REQUIRED ON PAGE 2)  Requested Sponsor Form (SIGNATURE REQUIRED ON PAGE 2)  Information Only Sponsor Form (SIGNATURE REQUIRED ON PAGE 2)

For  Chapter of Delta Gamma at

## CANDIDATE INFORMATION

### Name of potential member

LAST  FIRST  MIDDLE  NICKNAME (IF ANY)

### Home address

STREET  CITY  STATE/PROVINCE  ZIP/POSTAL CODE

### E-mail

### Phone

Entering as:  Freshman  Sophomore  Junior  Senior

### High school

### Rank in class

NAME  CITY/STATE/PROVINCE  RANK  CLASS SIZE

### GPA

### SAT score

### ACT 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

COMMENTS (IF ANY)

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

### Other sorority influences

RELATIONSHIP(S)  GREEK AFFILIATION(S)  COMMENTS

## FAMILY INFORMATION

MOTHER'S NAME  SORORITY  COLLEGE/UNIVERSITY

MOTHER'S ADDRESS (IF DIFFERENT FROM ABOVE)

FATHER'S NAME  FRATERNITY  COLLEGE/UNIVERSITY

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

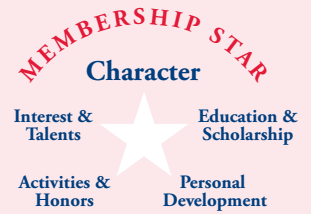
DELTA GAMMA GRANDMOTHER/STEP GRANDMOTHER NAME AND CHAPTER OF INITIATION  PHONE  E-MAIL

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.**



### 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 (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 \_\_\_\_\_ 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 \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_ PHONE \_\_\_\_\_

SIGNATURE (REQUIRED — IF SUBMITTING ELECTRONICALLY, YOUR NAME IN THIS BOX WILL BE CONSIDERED YOUR SIGNATURE) \_\_\_\_\_ DATE \_\_\_\_\_  
**X**

### 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!*