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Alumna Initiate Recommendation Form

Please see the Alumna Initiate Application form for a full list of submission requirements. All application materials can be submitted electronically to [alumnaedept@deltagamma.org](mailto:alumnaedept@deltagamma.org) or via mail to Executive Offices, Attn: Member Services Department, 3250 Riverside Drive, Columbus, Ohio 43221-0397.

Candidate Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | |  | | |
| Last Name | First Name | | Middle Name | | |
|  | |  | | | |
| Maiden Name (if applicable) | | Preferred Name | | | |
|  | |  | |  |  |
| Street Address | | City | | State | Zip Code |
|  | |  | |  | |
| Email Address | | Phone Number | | Date of Birth (DD/MM/YY) | |

**Educational and Employment Information**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Universities Attended | Degree(s) Achieved | Graduation Year(s) |
|  |  | |
| Current Employer | Job Title | |

**Has the candidate ever been initiated by a member organization of the National Panhellenic Conference?**  Yes  No

**Does she have any friend or family connections to Delta Gamma?** Yes  No

**If yes, please provide additional information:**

EVALUATION

Please provide an evaluation of the alumna initiate candidate you are sponsoring, relating her qualifications to Article II of the Delta Gamma Constitution. Check all boxes that apply. You may add comments or attach a separate sheet with more details.

**Article II of the Delta Gamma Constitution:** The objects of this Fraternity shall be to foster the high ideals of **friendship** among women, to promote their **educational and cultural interests**, to create in them a true sense of **social responsibility**, and to develop in them the best qualities **of character**.

|  |  |  |
| --- | --- | --- |
| Friendship | | |
|  | SUPPORTIVE |  |
|  | LOYAL |  |
|  | DEPENDABLE/TRUSTWORTHY |  |
|  | KIND |  |
|  | OTHER |  |
|  | | |
| Education | | |
|  | UNDERGRADUATE EDUCATION |  |
|  | GRADUATE EDUCATION |  |
|  | LIFELONG LEARNING |  |
|  | PERSONAL EDUCATIONAL PURSUITS |  |
|  | OTHER |  |
|  | | |
| Cultural Interests | | |
|  | MUSICAL/ARTISTIC INVOLVEMENT |  |
|  | PERSONAL CREATIVE PURSUITS |  |
|  | ORGANIZATIONAL INVOLVEMENT |  |
|  | PERSONAL FITNESS, HEALTH,  OR ATHLETIC PURSUITS |  |
|  | OTHER |  |
|  | | |
| Social Responsibility | | |
|  | CAREER OR EMPLOYMENT EXPERIENCE |  |
|  | LEADERSHIP EXPERIENCE |  |
|  | FAMILY OR CAREGIVING RESPONSIBILITIES |  |
|  | COMMUNITY VOLUNTEER WORK |  |
|  | OTHER |  |
| Qualities of Character | | |
|  | PERSONABLE/CONGENIAL |  |
|  | MOTIVATED TO SUCCEED |  |
|  | PERSONAL INTEGRITY |  |
|  | RESPECTED BY OTHERS |  |
|  | OTHER |  |

**Endorsement**

An alumna initiate shall be willing to support a collegiate chapter and/or an alumnae group by volunteering her time and talents to Delta Gamma Fraternity and Foundation. She must financially support the Fraternity by paying her annual alumnae per capita dues. She should support the Delta Gamma Foundation whenever possible by contributing to the Loyalty Fund or other Foundation programs.

**Will this candidate be committed to lifetime membership in Delta Gamma with all its privileges and responsibilities?** Yes  No

**How does the candidate intend to participate as an alumna member of Delta Gamma?**

Collegiate Advisory Team

House Corporation

Alumnae Group

Foundation

Other

If other, please specify:

**I have known this candidate for:**       years

**I hereby endorse and sponsor this candidate as an alumna initiate.**

**SPONSOR INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | |  | | |
| Last Name | First Name | | Middle Name | | |
|  |  | |  | | |
| Maiden Name (if applicable) | Preferred Name | | Sponsor’s Chapter of Initiation | | |
|  | |  | |  |  |
| Street Address | | City | | State | Zip Code |
|  | |  | | | |
| Email Address | | Phone Number | | | |
|  |  | |  | | |
| Current Alumnae Group | Proposed Collegiate Chapter for Candidate’s Initiation | | Proposed Date of Initiation | | |