



LEGACY

Yes No

**ALPHA CHI OMEGA
RECRUITMENT INFORMATION FORM**

(Please complete with as much information as possible or attach résumé.)

Potential Member's Name _____ Attending _____
College/University

Home Address _____
Street City State Zip

Age _____ Year in College: Fr. _____ Soph. _____ Jr. _____ Sr. _____

Campus Address (if known) _____
Street City State Zip

High School Attended _____
Name City State Zip

Class Size _____ Rank _____ GPA _____ SAT/ACT Score (if known) _____

Parent or Guardian _____

Alpha Chi Omega Relatives _____
(sister, mother, grandmother)

Greek Affiliated Relatives _____

Wish to recommend Information only Other, please explain:

Please check one of the following:

- I know this young woman personally
- I do not know this young woman personally, but my source of information is:

LIST SCHOOL AND COMMUNITY ACTIVITIES AND HONORS: Comment on special interests, talents, academic interest, character, financial responsibility, leadership ability and personal development. (attach another sheet or résumé)

Information submitted by: _____
First Maiden Last Alumna Collegian

Phone Number _____ Year of Initiation _____ Home E-mail _____

College/Chapter _____

Address _____
Street City State Zip

Signature _____ Date _____