

Potential Member Profile

(to be completed by members of Alpha Delta Pi only)

Instructions for using this form:

- This form must be endorsed by either an individual or an alumnae association, but need not receive the endorsement of both.
- Collegiate members may only submit Potential Member Profiles for women attending universities other than their own.
- Attach a photo with this form, if available.
- A personal letter may also be attached, if desired.
- Mail this form directly to the chapter. Do not send to Executive Office.

Legacy? Yes

I. Potential Member Information

Potential Member's Name	Last	First	Middle	Nickname
Home Street Address	City		State	Zip
High School Attended	Year Graduated			
Previous College/University Attended				
Year in School (check one)	Freshmen	Sophomore	Junior	Senior

II. Family Information

Father's Name	Fraternal Affiliation and College
Mother's Name	Sorority Affiliation and College
Alpha Delta Pi Relatives (Give Names and Chapters)	
Mother	Sister
Grandmother	Other
Other Sorority Influences from Family or Friends	

III. Attributes

High School GPA	Class Rank	Class Size	SAT/ACT Score
College GPA from Previous Term	Cumulative College GPA		
Field of Study			
List Any Scholarships Received			

Asset to Chapter

Based on your knowledge of this potential member, list the specific ways in which she would be an asset to Alpha Delta Pi, including special talents (i.e., music, arts, athletics, leadership).

Activities

Please list all activities and honors the potential member has been involved in or has received. Include school, community, church, volunteer, and scholastic or honorary activities. Attach resume if available.

Potential Member Profile

IV. Endorsement

Please check applicable statements:

	The family and/or this woman is able to assume financial obligations of sorority membership.		
	I hereby recommend this woman for membership in Alpha Delta Pi based upon:		
	<input type="checkbox"/>	My personal acquaintance with her. I have known her for	<input type="text"/> years.
	<input type="checkbox"/>	My acquaintance with her in my capacity as an Alumna Advisor for the chapter.	
	<input type="checkbox"/>	My acquaintance with her family.	
	<input type="checkbox"/>	Information secured from a reliable source (mutual friend, teacher, clergy, Panhellenic files, etc.)	
	I do not recommend this woman for Alpha Delta Pi membership. If further clarification is desired, a member of the Chapter Advisory Board may contact me. My telephone number, with area code is:		
	<input style="width: 100%;" type="text"/>		

Comments:

NOTE: Only ONE of the signatures below, either individual or association, is needed for processing. Send complete profile directly to the chapter.

A. Individual Endorsement:					
Name	<input type="text"/>	Chapter	<input type="text"/>		
Street Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
I am a	<input type="checkbox"/> Alumna	<input type="checkbox"/> Collegian	Signature:		
B. Local Alumnae Association (or City Recruitment Information Chair) Endorsement:					
Name	<input type="text"/>	Chapter	<input type="text"/>		
Street Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Signature:	<input type="text"/>				

1. Have you participated in the ReMember Campaign?

2. Have you supported the Alpha Delta Pi Foundation?

3. Please describe alumnae involvement (i.e. chapter, house corporation, alumnae association).

FOR CHAPTER USE ONLY			
Form received by Recruitment Info Manager	<input type="text"/>	Date	<input type="text"/>
Form acknowledged by Corresponding Secretary	<input type="text"/>	Date	<input type="text"/>
Date of Alpha Member Ceremony	<input type="text"/>	Date of Scheduled Initiation	<input type="text"/>
Potential Member Profile sent to Recruitment Advisor to be kept for four years			<input type="text"/>