



**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: \_\_\_\_\_  Alumna  
*First Maiden Last*  Collegian

Phone Number \_\_\_\_\_ Year of Initiation \_\_\_\_\_ Home E-mail \_\_\_\_\_

College/Chapter \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip*

Signature \_\_\_\_\_ Date \_\_\_\_\_