

ACADIANA ALUMNAE PANHELLENIC INFORMATION FORM

This recommendation request is for _____ Sorority.

For **EACH** sorority for which you need a recommendation, please provide Acadiana Alumnae Panhellenic with:

- ONE copy of this form
- ONE resume (Limit two pages)
- TWO photos (Print your name on backs)
- ONE 9x12 envelope (Do not address or stamp)
- FOUR forever stamps (Do not put stamps on envelope)

Mail all of the above, IN ONE LARGE ENVELOPE, to:

Acadiana Alumnae Panhellenic
PO Box 53422 • Lafayette, LA 70505-3422

**INFORMATION MUST BE
RECEIVED BY JUNE 1ST FOR
BOTH FALL AND SPRING
RECRUITMENTS.**

PLEASE PRINT OR TYPE

Name:

First Middle Last

Home Address:

Street

City State Zip

Home Phone:

Cell Phone:

E-Mail Address:

High School:

City, State:

Year of Graduation:

ACT: SAT: GPA (using 4.0 scale):

Intended College:

Colleges Attended:

GPA

Date of Birth:

PLEASE INCLUDE THE FOLLOWING INFORMATION ON YOUR RESUME (limit to 2 pages please):

- ✚ HIGH SCHOOL ACTIVITIES, HONORS, AWARDS, OFFICES HELD, etc.
- ✚ COMMUNITY SERVICE/VOLUNTEER ACTIVITIES
- ✚ LEADERSHIP POSITIONS
- ✚ WORK EXPERIENCE
- ✚ OTHER INTERESTS
- ✚ NAMES OF RELATIVES IN A SORORITY OR FRATERNITY AND THEIR RELATIONSHIP TO YOU.

Father's FULL Name:

Fraternity:

(if applicable)

Mother's FULL Maiden Name:

Sorority:

(if applicable)

*I have provided the above information to the Acadiana Alumnae Panhellenic at my discretion, to be released to member sororities as a recruitment information resource. No evaluation of any kind shall be made by the Acadiana Alumnae Panhellenic on the basis of this data. I understand that providing information to Acadiana Alumnae Panhellenic does not guarantee that I will receive an invitation to join a sorority. **I UNDERSTAND THAT SUBMISSION OF THIS FORM TO AAP DOES NOT REGISTER ME FOR SORORITY RECRUITMENT, and that I must register with Greek Affairs in order to participate in any collegiate recruitment functions.***

Signature _____

Date _____