

# Kappa Delta Recommendation on Potential Members

<p><i>FOR CHAPTERS REQUESTING A RECOMMENDATION FROM AN ALUMNA</i></p> <p>Date Recommendation sent to alumna _____ Date alumna received Recommendation form _____</p> <p>_____ Chapter at _____ requests a Recommendation for the following potential member.</p> <p>Please return this form by (date) _____, to our chapter contact: _____</p> <hr/> <p>Address _____ City _____ State _____ Zip _____</p> <p>Phone (____) _____ Fax (____) _____ Email _____</p>	<p>Attach Photo If Available</p>
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For the Kappa Delta Chapter at \_\_\_\_\_  
College or University

**Potential Member Information**

Name of potential member \_\_\_\_\_  
First (Nickname or Name Called) Last Age

Home Address \_\_\_\_\_  
Street Number City State Zip

School Address (if known) \_\_\_\_\_  
Street Number City State Zip

Father's Name and Address \_\_\_\_\_  
First Last Occupation

\_\_\_\_\_ Street Number City State Zip

Mother's Name and Address \_\_\_\_\_  
First Last Occupation

\_\_\_\_\_ Street Number City State Zip

Will the potential member be able to assume financial obligations?  Yes  No

Does the potential member have a KD relative?  Sister  Mother  Grandmother  Other \_\_\_\_\_

Give name (including maiden) and chapter \_\_\_\_\_

Does the potential member have connections with other NPC groups? If yes, list affiliation and relationship \_\_\_\_\_

\_\_\_\_\_

**This potential member would enjoy talking about these topics during membership recruitment** \_\_\_\_\_

\_\_\_\_\_

**Academics**

High School attended \_\_\_\_\_ Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Year graduated \_\_\_\_\_

Scholastic GPA \_\_\_\_\_ Scale \_\_\_\_\_ Class rank/Class size \_\_\_\_\_ SAT/ACT score \_\_\_\_\_

School attended after High School \_\_\_\_\_ Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Major \_\_\_\_\_

Scholastic GPA \_\_\_\_\_ Scale \_\_\_\_\_ Number of credits completed \_\_\_\_\_

College class:  Freshman  Sophomore  Junior  Senior

Scholastic honors \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Activities**

Please list names of organizations (explain type— school, church, community) with the potential member's participation and leadership in each one. Attach additional information on separate sheet if necessary.

\_\_\_\_\_

\_\_\_\_\_

Special recognition and honors received \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Personality/Leadership Qualities

Please use this portion of the form to provide information about the potential member's *character traits, leadership qualities* and *personality characteristics*, using specific examples whenever possible. Indicate the potential member's special interests, talents and any other information to aid the chapter in getting to know her better and to indicate the contributions she could make to Kappa Delta.

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\*Please attach a personal resume if available.

## Kappa Delta Recommendation

1. I recommend this potential member for Kappa Delta membership.
- I have known this potential member personally for \_\_\_\_\_ years.
  - I do not know this potential member personally; but I am basing my recommendation upon information from these sources: (circle) another Kappa Delta, Panhellenic files, high school faculty, peers of the potential member, a mutual friend, clergy, other (please specify) \_\_\_\_\_
2. I do not recommend this potential member for Kappa Delta membership based upon information received. If further clarification is desired, the chapter membership advisor may contact me.
3. I am unable to commit myself on this girl:
- due to limited information received
  - after contacting all available sources and receiving no information

Remarks (if any) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recommendation given by:** \_\_\_\_\_ **Phone number** ( \_\_\_\_\_ ) \_\_\_\_\_  
Signature

Name \_\_\_\_\_ Email \_\_\_\_\_ Chapter \_\_\_\_\_  
First Maiden Last

Address \_\_\_\_\_  
Street Number City State Zip

*Additional Kappa Delta Alumna who endorses this potential member*

*(only one Recommendation per potential member is necessary, preferably from an alumna who knows her personally)*

Name \_\_\_\_\_ Chapter \_\_\_\_\_  
First Maiden Last

Address \_\_\_\_\_ Phone number ( \_\_\_\_\_ ) \_\_\_\_\_  
Street Number City State Zip

## Chapter Response

CAB Approval \_\_\_\_\_ CAB Position \_\_\_\_\_

Name of chapter Vice President-Membership \_\_\_\_\_ Email \_\_\_\_\_ Chapter \_\_\_\_\_

Date pledged \_\_\_\_\_ Date Recommendation acknowledged \_\_\_\_\_

### CHAPTER USE

#### What to do with Recommendation after membership recruitment...

Once Recommendations have been acknowledged, you are to:

1. Have your CAB destroy Recommendations on women who are pledged by KD or any other chapter after an acknowledgement has been sent.
2. Retain Recommendations for women who remain unaffiliated if the CAB and chapter believe there is a possibility for her to pledge KD within 1 year.
3. Send acknowledgements to the alumnae providing the recommendation prior to the Recommendation being destroyed and within 3 weeks of Bid Day.
4. Destroy negative Recommendations after an acknowledgement has been sent to the alumna explaining that in the interest of privacy and confidentiality the Recommendation has been destroyed.