

2021 Sorority Recruitment Information Victoria Area Alumnae Panhellenic Association (VAAPA)

Name: _____
Last
First
Middle
Preferred

Date of Birth: _____ E-mail: _____

Cell Phone: _____

Instagram: _____ Facebook: _____ Twitter: _____

Home Address _____

Street
City
Zip
 University Attending: _____ Orientation Date _____

University Address/Dorm and Room # _____ Roommate: _____

High School Attended: _____ Graduation Date: _____

Class Size: _____ Rank: _____ GPA: _____ on _____ point system

SAT Combined M/R: _____ Math: _____ Reading: _____ Writing: _____

ACT Composite: _____ Math: _____ Reading: _____ Science: _____ English: _____

Parents or Guardians: _____

Greek Affiliations: (Mother, sister, grandmother. Include names of aunts and cousins only if current actives)

Name (Maiden)	Relation	Sorority/Fraternity	University	Initiation Year

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Permission granted to release information: Yes _____ No _____

Potential New Member (PNM) Signature	Date
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Parent's Signature, if under 18	Date
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I, _____ (Your Name) have provided the information above at my discretion to the Victoria Area Alumnae Panhellenic Association (VAAPA) to be released to member sororities as a recruitment information resource. Your submission of this form constitutes agreement.

Please scan and email all information to mbmercer@att.net. Be sure to use your name and the name of the university you plan to attend as the subject line of the email message.