

# Sigma Chi Potential Member Questionnaire



We appreciate your interest in Sigma Chi. Please fill out the information below (*please print*) as completely as possible and submit to a member of Sigma Chi. Use the back of this form if you need additional space.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Campus Address: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Email: \_\_\_\_\_

High School Attended: \_\_\_\_\_

High School Cumulative GPA: \_\_\_\_\_

Year in College: \_\_\_\_\_

College Cumulative GPA: \_\_\_\_\_ (*if applicable*)

Sorority and Fraternity Affiliations: *Father* \_\_\_\_\_ *Mother* \_\_\_\_\_  
*Other* \_\_\_\_\_

List Scholastic Honors:

List Leadership Experience:

List any Community Service Experience:

List Talents and Activities:

Why are you interested in becoming a member of Sigma Chi?

Name of person who recommended Sigma Chi (if applicable):

List two other references (*i.e. teachers/professors, mentors, employers, activity chairman*)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Forward to: