

# DALLAS ALUMNAE PANHELLENIC INFORMATION FORM

Fall 2010 - Spring 2011

Please print with ballpoint pen. Do not use the back of this form. Do not attach additional pages, pictures, etc.

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

E-Mail Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(optional) (optional)

High School \_\_\_\_\_ City \_\_\_\_\_ Year Graduated \_\_\_\_\_ GPA \_\_\_\_\_

College you plan to attend \_\_\_\_\_  
(if undecided, indicate your top 2 choices)

Previous College(s) attended, if any \_\_\_\_\_ Hrs. Completed \_\_\_\_\_ GPA: \_\_\_\_\_

HIGH SCHOOL ACTIVITIES, HONORS, OFFICES HELD, etc. (include only those on which you spend the most time)

## COMMUNITY/VOLUNTEER ACTIVITIES

## INTERESTS/WORK EXPERIENCE

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
(including maiden name)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

*I have provided the information above at my discretion to the Dallas Alumnae Panhellenic Association, to be released to member sororities as a rush information resource. No evaluation of any kind shall be made by the Dallas Alumnae Panhellenic Association on the basis of this data.*

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

PLEASE RETURN THIS FORM TO:

Dallas Alumnae Panhellenic Association, PO Box 12523, Dallas, Texas 75225