

*Epsilon Psi Omega Chapter
Alpha Kappa Alpha Sorority, Inc.
“Precious Pearls of Promise”*

Junior Debutantes

Application Packet



2019 Precious Pearls of Promise Program

Sponsored by Epsilon Psi Omega Chapter

Alpha Kappa Alpha Sorority, Incorporated

Epsilon Psi Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated welcomes your interest and invites you to submit a Precious Pearls of Promise application for 2019.

We encourage all interested students, parents and guardians to join us for an informational session where you will have the opportunity to learn about our program and requirement for participation. The session will be held on January 19, 2019, Ivy & Pearl Empowerment Center, 2106 MLK, Grambling, Louisiana 71245, 3:00 PM.

For your convenience the application is available on our website: www.akaepsilonpsiomega.org and a copy is attached. The application submission deadline is February 9, 2019 at the first meeting. The fee of \$75.00 is expected at the time of application submission. Please make check payable to Epsilon Psi Omega Chapter, please place the applicant's name in the Memo section of the check.

Please feel free to contact me, Sylvia Dupree, by phone or text at 318-243-0133 or the Co-Chairman, Thais Morales, by phone or text at 318-243-3100 with questions.

Sincerely yours,

Sylvia G. Dupree

2019 Precious Pearls of Promise Chairman

Thais Morales

2019 Precious Pearls of Promise Co-Chairman

*Epsilon Psi Omega Chapter
Alpha Kappa Alpha Sorority, Inc.
“Precious Pearls of Promise”*

Junior Debutantes

Application Packet

Eligibility Requirements

- *As of 2019-2020 School year be in 7th, 8th, 9th, or 10th grade*
- *Demonstrate academic stability (current GPA of 2.5 or higher)*
- *Be in good standing in her school and community*
- *Exhibit high moral character*
- *Have a commitment to public and community service*
- *Will be expected to pay \$75.00 (can be paid in installments. Must be paid by February, 2019)*
 - *Fee covers t-shirt, cultural events, etc.*

*Epsilon Psi Omega Chapter
Alpha Kappa Alpha Sorority, Inc.
“Precious Pearls of Promise”*

Junior Debutantes

Application Packet

Class status as of 2019-2020 school year 7th 8th 9th 10th

I. Personal Information

Name _____

Date of Birth _____

Address _____

City _____ *State* _____ *Zip Code* _____

Home Phone No. _____ *Mobile no.* _____

Email Address _____

II. Special Accommodations

Do you have any special needs we need to be aware of *Yes* *No*

If yes, describe _____

III. Parent /Guardian Information

Mother's Name _____

Email Address _____ *Phone No.* _____

Father's Name _____

Email Address _____ *Phone No.* _____

Guardian information (if applicable)

Name _____

Email Address _____ *Phone No.* _____

IV. School Information

School Name _____

GPA _____ *(ex: 3.8/4.0)*

*Epsilon Psi Omega Chapter
Alpha Kappa Alpha Sorority, Inc.
“Precious Pearls of Promise”*

Junior Debutantes

Application Packet

V. Special Interests, Honors & Awards

Leadership Activities (include school, community and church related activities and involvement)

Honors & Awards _____

Hobbies/Interest _____

Favorite quotation or Personal Motto _____

VI. Participation Certification

By signing this form, I affirm that all contents of the 2018 Ivy and Pearl Foundation Program application are accurate and complete (as submitted) to the best of my knowledge. I understand that falsified statements and misrepresentations will result in immediate dismissal from the program and that the fee is non-refundable. I authorize representatives of the Ivy and Pearl Foundation program committee to verify statements made on the application and supporting documentation.

Applicant Name _____

Applicant signature _____ *Date* _____

Parent's/Guardian's Name _____

Parent's/Guardian's Signature _____ *Date* _____

*Epsilon Psi Omega Chapter
Alpha Kappa Alpha Sorority, Inc.
“Precious Pearls of Promise”*

Junior Debutantes

Application Packet

Media Release

*Please be advised that attending and participating in “**Precious Pearls of Promise**” – **Junior Debutante Program** may result in the use of my name, image and/or likeness in printed and electronic materials, including but not limited to publication on the world wide web, social network site, in press materials, and advertising and marketing materials.*

You hereby specifically release Alpha Kappa Alpha Sorority, Incorporation and Epsilon Psi Omega Chapter, and its agents from all claims arising from the use of your name, image and/or likeness based on any of the uses stated above.

Applicant _____ Date _____
Signature Printed Name

Parent/Guardian _____ Date _____
Signature Print Name

*Epsilon Psi Omega Chapter
Alpha Kappa Alpha Sorority, Inc.
“Precious Pearls of Promise”*

Junior Debutantes

Application Packet

Parental Consent & Responsibility

As the parent or legal guardian of _____ (hereinafter known as “she”),
I hereby certify and affirm the following.

1. I am legally entitled to give consent for her participation in the “Precious Pearls of Promise” Program.
2. I acknowledge that she will be enrolled in the, 7th, 8th, 9th, or 10th, grade and a student in good academic standing with at least a “C” average.
3. I understand that program membership may be revoked after three unexcused absences from meetings and activities within the academic year.
4. agencies, or institutions without written consent.
5. I understand that she will be involved with workshops and activities that seek to prepare her for career and college and community enrichment.
6. I understand that it is my responsibility to make sure she is present at activities.
7. I authorize permission for her to attend all sanctioned enrichment and cultural excursions that are off-site from the regular meeting place.
8. I understand that guest (i.e., younger siblings, friends, un-enrolled students) should not be brought to the meetings or activities without prior consent.
9. I authorize the transport or arranged transportation of her to a hospital or medical facility in the event I cannot be reached and authorize consent for examination, care and treatment as deemed necessary by a licensed physician or dentist.
10. I understand that she may be photographed or videotaped during the program meeting and activities and give my consent for use of such images by Alpha Kappa Alpha Sorority, Incorporated and Epsilon Psi Omega Chapter personnel in print or electronic media to promote the program.
11. I relieve Alpha Kappa Alpha, and Epsilon Psi Omega Chapter personnel from any liability that may arise during her involvement in the Precious Pearls of Promise Program meetings and activities.
12. I understand that this information will be kept on file by Alpha Kappa Alpha Sorority, Incorporated and Epsilon Psi Omega personnel.
13. Termination from the program will be in writing.

By affixing my signature below, I certify that I have read all the above information and agree with the provisions and my role and responsibilities.

Parent/Legal Guardian Printed Name

Relationship to applicant

Date

Parent/Legal Guardian Signature

Contact Number

Email address

*Epsilon Psi Omega Chapter
Alpha Kappa Alpha Sorority, Inc.
“Precious Pearls of Promise”*

Junior Debutantes

Application Packet

Student Code of Conduct & Responsibility Contract

1. I agree to abide by the rules and regulations set by the Precious Pearls of Promise personnel and conduct myself with respect.
2. I agree to be cooperative and follow instructions ensuring that I respect adults and all authorized authority.
3. I will not bully or participate in negatively speaking to or of anyone nor act in a violent manner.
4. I will remain in good academic standing with a cumulative minimum average of a “C” or better.
5. I understand that my membership may be revoked after three unexcused absences from meeting and activities within the academic year.
6. I understand that my personal and private information will not be shared with individuals or agencies, or institutions without my parent’s written permission.
7. I will participate in workshops and activities that seek to prepare me for a career and or college attendance.
8. I will be fully engaged in attending program meeting and activities that will include civic and cultural activities.
9. I understand that I may be photographed or videotaped during program meetings and activities for use of such images to be used by Alpha Kappa Alpha Sorority, Incorporated and Epsilon Psi Omega Chapter personnel in print or electronic media for promotion of the program.
10. I understand that this form will be kept on file by Epsilon Psi Omega Chapter personnel.

By affixing my signature below, I certify that I have read all the above information and agree with the Code of Conduct and responsibilities as a participant of the Precious Pearls of Promise Program.

Student/Applicant name Printed

Date

Student/Applicant signature

Contact Number

Email