



*Alpha Kappa Alpha Sorority, Incorporated®*



# APPLICATION

(2020-2021)

**DR. GLENDA GLOVER**  
SUPREME BASILEUS

NAME: \_\_\_\_\_ CLASS OF: \_\_\_\_\_



## #CAP<sup>SM</sup> Program Student Application Form

### Applicant Information

NAME: \_\_\_\_\_  
Last Name First Name Middle Initial

ADDRESS: \_\_\_\_\_  
Street City State ZIP

PHONE/  
EMAIL: \_\_\_\_\_  
Phone Number Cell Number Email

Date of Birth (MM/DD/YY): \_\_\_\_\_ Gender:  Male  Female

Grade Level:  11th (Junior)  12th (Senior)

HIGH SCHOOL  
NAME: \_\_\_\_\_  
Last Name First Name Middle Initial

HIGH SCHOOL  
ADDRESS: \_\_\_\_\_  
Street City State ZIP

Current GPA (if applicable) Cumulative GPA: \_\_\_\_\_

#### CAREER INTERESTS (check all that apply):

- Agriculture, Food Processing & Natural Resources
- Architecture, Industrial Design, CAD
- Audio/Visual Technology Management & Administration
- Business Management, Process Management, Human Resources
- Business Office Administration/Support Services
- Communications
- Education, Training, Library Science
- Engineering, Mathematics, Research/Science (STEM)
- Finance, Banking, Accounting
- Government, Public Administration, Planning, Transportation, Distribution & Logistics
- Health Science (Medicine, Dentistry, Nursing, Pharmacy)
- Hospitality & Tourism
- Human Services (e.g., Social Work, Psychology, Counseling)
- Information Technology, Computer Science
- Law
- Marketing, Advertising, Promotion
- Military Services (e.g., Army, Marines, Navy, or Reserves)
- Performing & Fine Arts, Graphic Design, Fashion Design
- Public Safety, Corrections & Security
- Sales
- Vocational: (e.g., Automotive, Cosmetology, Construction, Industrial Trades, Technician)
- Other: \_\_\_\_\_

### Parental/Legal Guardian Information

NAME: \_\_\_\_\_  
Last Name First Name Middle Initial

ADDRESS: \_\_\_\_\_  
Street City State ZIP

PHONE/  
EMAIL: \_\_\_\_\_  
Phone Number Cell Number Email

### Emergency Contacts

NAME: \_\_\_\_\_  
Last Name First Name Last Name First Name

PHONE/  
EMAIL: \_\_\_\_\_  
Phone Number Email Phone Number Email



# #CAP<sup>SM</sup> APPLICATION



## Parental Consent & Responsibility Form

As the parent or legal guardian of \_\_\_\_\_  
(hereinafter to as “she” or “her” or “he” or “his”), I hereby certify and affirm the following:

1. I understand all #CAP<sup>SM</sup> activities and sessions may be virtual.
2. I am legally entitled to give consent for her/his participation in the #CAP<sup>SM</sup> program.
3. I acknowledge that she/he will be enrolled in 11th or 12th grade in good academic standing.
4. I am aware that upon application to the #CAP<sup>SM</sup> program, I must provide a copy of her/his most recent grade report.
5. I understand that her/his personal and private information will not be shared with any individuals, agencies or institutions without my written consent.
6. I understand that she/he will be involved with workshops and activities that seek to prepare her/him for the #CAP<sup>SM</sup> admissions process and #CAP<sup>SM</sup> which may also include community service and cultural enrichment activities.
7. I understand that it is my responsibility to make sure that she/he is present at all scheduled activities.
8. I authorize permission for her/him to attend all #CAP<sup>SM</sup> excursions that are off-site from the regular meeting place.
9. I understand that guests (i.e., younger siblings, friends, un-enrolled students) should not be brought to the meeting or activities without prior consent or knowledge of the #CAP<sup>SM</sup> program personnel.
10. I understand that her/his admission and participation in the program is voluntary and may be terminated by any party of this agreement at any time.
11. I authorize the #CAP<sup>SM</sup> program personnel to transport her/him (or arrange transportation) to a hospital or medical facility in the event that I cannot be reached and authorize consent to examination, care and treatment as deemed necessary by a licensed physician or dentist.
12. I understand that she/he may be photographed or videotaped during the program meetings and activities and give my consent for use of such images by Alpha Kappa Alpha Sorority, Inc.® and the #CAP<sup>SM</sup> program personnel in print or electronic media used to promote the program.
13. I understand that as the parent or legal guardian, I may be called upon to attend a mandatory parental orientation, periodic meetings and program activities. In the event I cannot attend, I agree to send an adult representative in my place.
14. I relieve Alpha Kappa Alpha Sorority, Inc.® and #CAP<sup>SM</sup> program personnel from any liability that may arise during her/his involvement in the #CAP<sup>SM</sup> program meetings and activities.
15. I understand that this form will be kept on file by Alpha Kappa Alpha Sorority, Inc.® and the #CAP<sup>SM</sup> program personnel.
16. Termination of a student’s involvement in #CAP<sup>SM</sup> will be in writing.

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

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN PRINTED NAME

\_\_\_\_\_  
RELATIONSHIP TO APPLICANT/PARTICIPANT

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CONTACT NUMBER

\_\_\_\_\_  
EMAIL



# #CAP<sup>SM</sup> APPLICATION



## Student Code of Conduct & Responsibility Contract

As a participant of the #CAP<sup>SM</sup> program:

1. I understand #CAP activities and sessions may be virtual.
2. I agree to abide by the rules and regulations set forth by the #CAP<sup>SM</sup> personnel and to conduct myself with respect.
3. I agree to be cooperative and follow instructions ensuring that I respect adults and all #CAP<sup>SM</sup> personnel.
4. I will not bully or participate in negatively speaking to or of anyone nor act in a violent manner.
5. I will provide a copy of my recent grade report with the application and upon request of the #CAP<sup>SM</sup> personnel.
6. I will remain in good academic standing.
7. I understand that I must notify the #CAP<sup>SM</sup> program personnel of any absence from Program activities.
8. I understand that my personal and private information will not be shared with any individuals, agencies or institutions without my parent's written consent.
9. I will participate in workshops and activities that seek to prepare me for the CAP<sup>SM</sup> admissions process.
10. I will be fully engaged in attending program meeting and activities that may include civic and cultural activities.
11. I understand that I cannot bring guests to meetings or activities without prior consent or knowledge of the #CAP<sup>SM</sup> program personnel.
12. I understand my admission and participation in the program is voluntary and maybe terminated by any party of this agreement at any time.
13. I understand that I may be photographed or videotaped during the program meetings and activities for use of such images to be used by Alpha Kappa Alpha Sorority, Inc.<sup>®</sup> and #CAP<sup>SM</sup> program personnel in print or electronic media for promotion of the program.
14. I understand that this form will be kept on file by Alpha Kappa Alpha Sorority, Inc.<sup>®</sup> and the #CAP<sup>SM</sup> program personnel.
15. I will evaluate the #CAP<sup>SM</sup> program when requested

By affixing my signature below, I certify that I have read all of the above information and agree with code of conduct and responsibilities as a participant of the #CAP<sup>SM</sup> program.

STUDENT/APPLICANT PRINTED NAME

STUDENT/APPLICANT SIGNATURE

DATE

CONTACT NUMBER

EMAIL



# #CAP<sup>SM</sup> APPLICATION



## #CAP<sup>SM</sup> Pre/Post-Assessment Form

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

Using the scale that follows, please choose the number that best describes your response to the items below and type answer at end of sentence. 1 = STRONGLY DISAGREE • 2 =DISAGREE • 3 =NEUTRAL • 4 =AGREE • 5 = STRONGLY AGREE

1. I know very little about the best place to start for the college admission process.
2. I am familiar with Coalition, Common, and Universal college applications.
3. I plan to apply to more than one college for admission.
4. I know that some colleges have both an online and paper application process.
5. I plan to apply to colleges that I cannot afford.
6. Additional materials are often requested with my college application.
7. I must decide on my major before applying to college.
8. I should apply for financial aid even if I don't think I qualify.
9. My parents' tax return has no bearing on my dependency status.
10. I should not apply to a college if my admission-test scores and grades are below the college's published ranges.

Please provide the following information:

1. Gender: \_\_\_\_\_
2. Race/Ethnicity: \_\_\_\_\_

3. Are you from a: Rural Area Urban Area Suburban Area

4. Do you participate in other activities outside of school? If so, please list those activities.

\_\_\_\_\_  
\_\_\_\_\_

5. What type of high school do you attend:

- |                                  |                                       |                                      |
|----------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Public  | <input type="checkbox"/> Parochial    | <input type="checkbox"/> Home school |
| <input type="checkbox"/> Private | <input type="checkbox"/> College prep | <input type="checkbox"/> Other       |

\_\_\_\_\_

6. What is the makeup of the student population at the high school you attend?

- |   |  |
|---|--|
| <input type="checkbox"/> Majority Hispanic        | <input type="checkbox"/> Majority African American |
| <input type="checkbox"/> Majority White/Caucasian | <input type="checkbox"/> Majority Asian American   |
| <input type="checkbox"/> Equal Mix of All Groups  | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> All Female               | <input type="checkbox"/> All Male                  |

7. Do you participate in a college preparatory program (e.g., magnet, honors, etc.)?  Yes  No

8. Do you take courses outside of your regular high school classes (e. g., Saturday classes, college courses)?  Yes  No

If yes, please specify what types: \_\_\_\_\_



**ALPHA KAPPA ALPHA SORORITY, INCORPORATED®**

**Corporate Office**

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