





# COMMUNITY INVOLVEMENT

LIST HONORS AND OUTSTANDING ACHIEVEMENTS YOU HAVE RECEIVED:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

DO YOU PARTICIPATE IN ANY SCHOOL SPORTS? IF YES, WHICH ONES AND WHAT POSITION DO YOU PLAY? PLEASE DESIGNATE IF JUNIOR VARSITY OR VARSITY:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

ARE YOU INVOLVED IN ANY OTHER EXTRACURRICULAR ACTIVITIES, PROGRAMS, OR ORGANIZATIONS? IF YES, WHAT ARE THEY AND WHAT POSITION OF LEADERSHIP DO YOU HOLD IN EACH, IF ANY?:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

WHAT ARE YOUR HOBBIES AND INTERESTS?:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

# EDUCATION BACKGROUND

School	Street Address	City/State	Principal/Teacher	Phone	GPA (based on a 4.0 Scale)

Academic Classification: (Circle Choices Below):

8<sup>th</sup> Grade      Freshman      Sophomore      Junior      Senior

If you are a current high school student, please list the courses you are currently enrolled in this semester and indicate if the course is AP, Honors, or Regular:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

Which course do you enjoy the most: \_\_\_\_\_

Which course do you enjoy the least: \_\_\_\_\_





# Resume Outline

NAME: \_\_\_\_\_

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

Home Telephone Number: \_\_\_\_\_

Cell Telephone Number: \_\_\_\_\_

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

**Long Term Goals:** (May be a specific job title or more general description)

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## Education:

Name of High School: \_\_\_\_\_

Plan date of graduation: \_\_\_\_\_

Concentration/Major: \_\_\_\_\_

GPA: \_\_\_\_\_ out of possible \_\_\_\_\_ Class Rank: \_\_\_\_\_

## Recent Employment/Experience in chronological order (if applicable)

Dates: \_\_\_\_\_

Name and location of employer:

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Job title: \_\_\_\_\_

Brief Statement of Duties:

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Dates: \_\_\_\_\_

Name and location of employer:

\_\_\_\_\_

Job title: \_\_\_\_\_

Brief Statement of Duties:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Extracurricular Activities:**

Please list all activities you are involved in including sports, social clubs, and student government. Also list any office held and awards and honors received:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional Skills:**

Foreign languages: \_\_\_\_\_

Computer Skills (Hardware/Software) : \_\_\_\_\_

\_\_\_\_\_

Special Projects: \_\_\_\_\_

\_\_\_\_\_

Special interest/Hobbies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# RECOMMENDATION FORM

Please type or print the following:

Applicant's full name: \_\_\_\_\_

Your name, title/position & phone #: \_\_\_\_\_

\_\_\_\_\_

How long have you known the student? Years/months: \_\_\_\_\_

Please discuss the applicant in the following categories: *attitude, responsibility & leadership skills*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**(THIS SECTION OF THE APPLICATION SHOULD BE COMPLETED BY THE  
PARENT AND/OR GUARDIAN OF THE YOUNG MAN APPLYING FOR  
MEMBERSHIP INTO THE KAPPA LEAGUE PROGRAM)  
FOR STATISTICAL PURPOSES**

Number of Persons Living in Household: \_\_\_\_\_

Youth Lives With:     Mother     Father     Both     Grandparents     Other \_\_\_\_\_

Nationality:  Black  White  Hispanic  Asian  Other \_\_\_\_\_

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**PHOTO RELEASE**

I give permission to the Charlotte Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. to use or release any photos of my child, taken for the purpose of promoting the Fraternity and its Kappa League/Guide Right Program.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**PARENTAL ACKNOWLEDGEMENT**

I hereby give my permission for my child to participate in the Charlotte Kappa League Program. I understand that the Charlotte Alumni Chapter of Kappa Alpha Psi Fraternity, Inc, is not responsible for personal injury or loss of property. I understand that my child is free to leave the program at any time. I agree to immediately update this application when any of the information changes.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## MEDICAL INFORMATION

Please list any medical conditions, health concerns, or allergies your child has that we should be aware of.

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## RELEASE FOR MEDICAL TREATMENT

In the event of an emergency and the inability of the Charlotte Alumni Chapter officers and/or Advisors and/or Director of the Kappa League Program to obtain my consent, I hereby give permission for the Charlotte Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. to authorize any medical treatment or surgery which a physician or surgeon shall deem necessary for my child.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

In the case of an emergency, which hospital or urgent care facility do you prefer to have your child transported to?:

Hospital/Urgent Care Facility: \_\_\_\_\_

Primary Care Physician's Name: \_\_\_\_\_