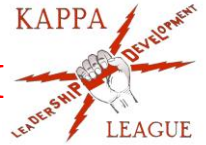




JACKSONVILLE (FL) ALUMNI CHAPTER GUIDE RIGHT/KAPPA LEAGUE PROGRAM



Application Cover Letter

Thank you for your interest in applying for admission to the Guide Right/Kappa League Program, sponsored by Jacksonville Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. Guide Right/Kappa League is one of the area's most successful mentorship programs for young men that focus on higher education, financial responsibility, and development of a positive self image resting upon sound ethics and values. Also, mentees in the program will gain knowledge of impeccable social and business skills, time management skills, and leadership abilities. The Guide Right/Kappa League Program insists that all applicants submit a completed "Kappa League Program Admission Application" along with all requested documents and items to the address provided below by the requested deadline.

All applicants should meet the following academic requirements set forth for consideration of admission into the Guide Right/Kappa League Program:

- ◆ The applicant must be in good academic standing and currently enrolled in middle school or high school (grades 6th – 12th) or will be enrolled for the upcoming school year.
- ◆ The applicant must have a grade point average (GPA) of at least 2.5 on a 4.0 scale. (An appeal of the grade point average threshold is determined by advisors of the Guide Right/Kappa League Program).

Each applicant may be selected to complete the Kappa League interview process after mailing his completed application packet. The applicant will be notified via phone upon receiving his application of his scheduled interview date and time. **(*If an applicant has not obtained his "outside community" recommendation letter by the date of his interview, the applicant will still be allowed to interview. However, the applicant must submit the recommendation letter within (7) days from the date of his interview for full consideration of admission to the program).** Applicant may mail documents to the following address:

**Jacksonville Alumni Chapter
Guide Right Leadership & Development League Program
P.O. Box 40625
Jacksonville, FL 32203**

On the day of the interview, each applicant will be required to complete the entire thirty minute interview process and must be prepared to stay for the entire time. Applicants should arrive 15 minutes before the interview starts. Each applicant is also required to wear dress slacks, a dress shirt, and a tie for the interview.

Only successful applicants selected for entry to the Kappa League program will be notified via e-mail, within two weeks from the date of their interview. At the time of this notification, the successful candidate will be informed as to when he is required to attend his first Kappa League meeting.

Once again, we are pleased that you have decided to apply for admission to the Guide Right/Kappa League Program. Should you have any questions, please contact Vincent Powell at (904) 534.7823 or powell_vincent@hotmail.com



JACKSONVILLE (FL)
ADMISSION APPLICATION



Kappa League Program
Jacksonville (FL) Alumni Chapter
Post Office Box 40625
Jacksonville, FL 32203



~www.JacksonvilleKappas.com~

PERSONAL PROFILE SHEET
(PLEASE PRINT)

Name: _____
(Last Name) (First Name) (Middle)

Date of Birth: _____ Age: _____ Shirt Size: S M L XL 2XL
(MM/DD/YYYY)

Address: _____
(Street) (City) (Zip)

Applicant Phone Number: Home _____ Cell _____
(Area Code) (Number) (Area Code) (Number)

Applicant Email: _____

Middle/ High School: _____ Grade: _____

Parent(s)/Guardian(s) Name: _____
(Last Name) (First Name) | (Last Name) (First Name)

Parent(s)/Guardian(s) Address: _____
(Street) (City) (State) (Zip)

Parent(s)/Guardian(s) Phone Number: _____
(Area Code) (Number)

Parent(s)/Guardian(s) Email Address: _____

APPLICANT'S ACKNOWLEDGMENT

I wish to participate in the Guide Right/Kappa League Development Program. I promise to be careful to prevent damage to any buildings that may be used while participating in activities with the Kappa League Program. I also agree to obey the rules of the Kappa League Program, and that at any time I can/will be removed from the Kappa League program for conduct that is detrimental to the program.

Applicant Signature: _____

Date: _____

“I HEREBY REQUEST THAT SPONSORS, REFERENCES, PREVIOUS AND CURRENT EMPLOYERS CONTACTED BY THE GUIDE RIGHT/KAPPA LEAGUE PROGRAM ADVISORY COMMITTEE IN CONNECTION WITH THIS APPLICATION, FULLY RESPOND TO ALL INQUIRIES CONCERNING ME AND SPECIFICALLY WAIVE PRIOR WRITTEN NOTICE OF DISCLOSURE OF INFORMATION PERTAINING TO MY CHARACTER, PERSONNEL RECORD INFORMATION, INCLUDING DISCIPLINARY REPORTS, LETTERS OF REPRIMANDS OR OTHER DISCIPLINARY ACTION. IN CONSIDERATION OF THE ACCEPTANCE OF MY APPLICATION, I RELEASE THE JACKSONVILLE ALUMNI CHAPTER OF KAPPA ALPHA PSI FRATERNTY, INC./THE GUIDE RIGHT/KAPPA LEAGUE PROGRAM AND SPONSORS, REFERENCES, PREVIOUS AND PRESENT EMPLOYERS OF ANY CLAIMED LIABILITY ARISING OUT OF SUCH RESPONSE AND DISCLOSURE.”

“I HEREBY REPRESENT THAT EACH ANSWER TO A QUESTION HEREIN AND ALL OTHER INFORMATION OTHERWISE FURNISHED IS TRUE AND CORRECT. I FURTHER REPRESENT THAT SUCH ANSWERS AND INFORMATION CONSTITUTE A FULL AND COMPLETE DISCLOSURE OF MY KNOWLEGDE WITH RESPECT TO THE QUESTION OR SUBJECT TO WHICH THE ANSWER OR INFORMATION RELATES. I UNDERSTAND THAT ANY INCORRECT, INCOMPLETE, OR FALSE STATEMENT OR INFORMATION FURNISHED BY ME MAY RESULT IN AUTOMATIC REJECTION. IN THE EVENT THAT I AM APPROVED FOR MEMBERSHIP IN THE JACKSONVILLE ALUMNI CHAPTER GUIDE RIGHT/KAPPA LEAGUE PROGRAM, I AGREE TO COMPLY WITH ITS RULES AND REGULATIONS. I HEREBY AUTHORIZE MY SPONSORS, REFERENCES, PREVIOUS, AND PRESENT EMPLOYERS TO GIVE ANY INFORMATION REGARDING ME.”

Applicant Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

EDUCATIONAL BACKGROUND

(list from most current school attended)

School: _____ GPA (Based On 4.0 Scale): _____

Address: _____
(Street) (City) (State) (Zip)

Principal: _____ Phone: _____

School: _____ GPA (Based On 4.0 Scale): _____

Address: _____
(Street) (City) (State) (Zip)

Principal: _____ Phone: _____

School: _____ GPA (Based On 4.0 Scale): _____

Address: _____
(Street) (City) (State) (Zip)

Principal: _____ Phone: _____

Please list the courses you are currently enrolled in this semester. (*Indicate if course is Advanced Placement or Honors)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Favorite Subject/Course? _____

Least Favorite Subject/Course? _____

COMMUNITY INVOLVEMENT

List Honors And Outstanding Achievements You Have Received:

Do You Participate In Any School Sports? Yes No
If Yes, Which Ones And What Position Do You Play?

1. _____
Sport Position(s)
2. _____
Sport Position(s)
3. _____
Sport Position(s)
4. _____
Sport Position(s)

Are You Involved In Any Other Extracurricular Activities, Programs, Or Organizations? Yes No
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?

Additional Skills:

Foreign Language: Yes No If Yes, Please Name: _____

Computer Skills (Hardware/Software): _____

HIGHER EDUCATION ASPIRATIONS

List Colleges/Universities You Are Interested In Attending:

1. _____
2. _____
3. _____
4. _____
5. _____

What Are Your Career Aspirations?

Have You Taken Any Steps To Learn More About Your Career Interest? Yes No

If Yes, Please describe the steps taken

ESSAY QUESTION

(Please attach a typed 250-word essay detailing your answer to the following statement)

“I want to be in the Kappa League Program because.....”

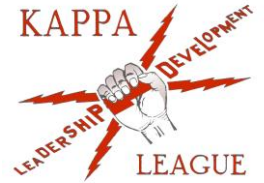
ADDITIONAL ITEMS NEEDED TO COMPLETE APPLICATION

1. Submit a copy of your high school transcript or GPA verification form
2. Submit a copy of current class schedule for academic semester
3. Submit two (2) letters of recommendation (One recommendation from parent/guardian, One recommendation from teacher, counselor, pastor, etc.)
4. Submit a recent headshot of yourself
5. Submit a \$20 Non-Refundable Application Fee (collected at time of interview/induction)



STUDENT APPRAISAL FORM

(To be completed by a school official)



Please type or print the following

Student full name: _____

Your name, title/position & phone #: _____

How long have you known the student? Years/Months _____

Student Class Rank: _____ GPA on 4.0 Scale: _____

Please discuss the student in the following categories: **attitude, responsibility, and leadership skills**

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 (Please Circle One or Provide Information):

Mother Father Both Grandparents Other _____

Nationality (Please Circle One or Provide Information):

Black White Hispanic Asian Other _____

MEDICAL INFORMATION

Please list any medical conditions or allergies your child has that we should be aware of:

Does the applicant have a hearing problem? Yes No

If Yes, does he wear a hearing aid? Yes No

Does the applicant have a vision problem? Yes No

If Yes, does he wear glasses/corrective lenses? Yes No

Has the applicant had a serious illness/injury or been hospitalized in the past year? Yes No

If so, please describe:

RELEASE OF MEDICAL TREATMENT

In the event of an emergency and the inability of the Jacksonville (FL) Alumni Chapter officers and/or Advisors of the Guide Right/Kappa League Program to obtain my consent, I hereby give permission for the Jacksonville (FL) 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 case of 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: _____

PHOTO RELEASE

I give permission to the Jacksonville (FL) 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: _____

PARENTAL ACKNOWLEDGEMENT

I hereby give my permission for my child to participate in the Guide Right/Kappa League Program, sponsored by Jacksonville (FL) Alumni Chapter of Kappa Alpha Psi Fraternity, Inc.® I understand that the Jacksonville (FL) 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: _____