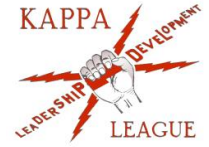




JACKSONVILLE (FL) ALUMNI CHAPTER GUIDE RIGHT LEADERSHIP & DEVELOPMENT PROGRAM



Application Cover Letter

Thank you for your interest in applying for admission to the Guide Right Leadership & Development Program, known as “Kappa League”, sponsored by the Kappa Alpha Psi Jacksonville Foundation, 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 or e-mail 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 (FL) Alumni Chapter
Guide Right Leadership & Development Program
P.O. Box 40625
Jacksonville, FL 32203**

On the day of the interview, each applicant will be required to complete the thirty-minute interview process and must be prepared to stay for the entire time allotted. 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. An electronic interview may be considered in lieu of in-person if circumstances deemed appropriate by advisors of the Guide Right/Kappa League Program.

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 Membership Chair Vincent Powell at (904) 534.7823 or powell_vincent@hotmail.com



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



~www.JacksonvilleKappas.com~

PERSONAL PROFILE SHEET
(PLEASE PRINT LEGIBLY)

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

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

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

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

Applicant Email: _____

Middle/High School: _____ Grade: _____ Student ID: _____

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

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

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

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

APPLICANT'S ACKNOWLEDGMENT OF CODE OF CONDUCT

I wish to participate in the Guide Right/Kappa League Development Program. I promise to be careful to prevent damage to any facilities 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: _____

Parent/Guardian Signature: _____

Date: _____

(THIS SECTION OF THE APPLICATION SHOULD BE COMPLETED BY THE PARENT/GUARDIAN OF APPLICANT FOR MEMBERSHIP INTO THE KAPPA LEAGUE PROGRAM)

FOR STATISTICAL PURPOSES

Number of Persons Living in Household _____

Youth Lives With (Please Select or Provide Information):

Mother Father Both Grandparents Other _____

Nationality (Please Select Applicable / 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: _____