

2023-2024 Debutante Cotillion and Scholarship Program Application  
Alpha Kappa Alpha Sorority, Incorporated® Eta Omicron Omega Chapter

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_

PARENT/GUARDIAN'S MOBILE PHONE \_\_\_\_\_

PARENT/GUARDIAN'S EMAIL ADDRESS \_\_\_\_\_

POST-SECONDARY EDUCATION PLANS (college or university you plan to attend) \_\_\_\_\_

\_\_\_\_\_

IN WHAT AREA DO YOU PLAN TO MAJOR? \_\_\_\_\_

\_\_\_\_\_

HOBBIES AND TALENTS \_\_\_\_\_

\_\_\_\_\_

CHURCH AFFILIATION \_\_\_\_\_

CANDIDATE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_