

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

RECOMMENDATION FORM (Please Type or Print)

Applicant's Name

Date

\_\_\_\_\_

\_\_\_\_\_

Recommender's Name

Relationship to Applicant

\_\_\_\_\_

\_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

What words come to mind when you think of the applicant?

\_\_\_\_\_

Please circle the number which best applies to each area:

(1-Outstanding          2-Above Average          3-Average          4-Below Average)

- |   |   |   |   |   |
|---|---|---|---|---|
| 1. Integrity                              | 1 | 2 | 3 | 4 |
| 2. Contribution to School<br>or Community | 1 | 2 | 3 | 4 |
| 3. Character                              | 1 | 2 | 3 | 4 |
| 4. Relationship with Peers                | 1 | 2 | 3 | 4 |
| 5. Academic Motivation                    | 1 | 2 | 3 | 4 |
| 6. Positive Attitude                      | 1 | 2 | 3 | 4 |
| 7. Responsibility                         | 1 | 2 | 3 | 4 |

Please comment briefly about the applicant's personality, character, academic aspirations, leadership, etc.

\_\_\_\_\_

Signature

Title

\_\_\_\_\_

\_\_\_\_\_

**Please place this form in a sealed envelope, sign the flap, and return the envelope to the applicant to be mailed with her application.**