

Zeta Kappa Omega and Delta Theta Chapters of Alpha Kappa Alpha Sorority, Inc.

DEBUTANTE BALL 2016 PROGRAM APPLICATION

(Please print legibly) AGE _____

NAME _____ E-MAIL: _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE (HOME): _____ MOBILE: _____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN MOBILE PHONE _____

PARENT/GUARDIAN EMAIL ADDRESS _____

HIGH SCHOOL _____ Grade _____

EXTRA CURRICULA ACTIVITIES _____

HOBBIES / TALENTS _____

EMPLOYMENT _____

CHURCH AFFILIATION _____

GPA _____

POST SECONDARY EDUCATION PLANS (*college or university you plan to attend*)

IN WHAT AREA DO YOU PLAN TO MAJOR? _____

OTHER INFORMATION _____

CANDIDATE SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Please return this form on the day of orientation: TBA.