

Alpha Kappa Alpha Sorority, Inc.
Rho Upsilon Omega Chapter
COLLEGE ADMISSIONS PROCESS
PROGRAM OVERVIEW

Thank you for showing interest in Alpha Kappa Alpha Sorority, Incorporated, Rho Upsilon Omega Chapter's College Admissions Process (#CAP) program. Our mission is to assist Senior high school students in their effort to enter college by providing a hands-on approach to navigating the college enrollment process.

#CAP is a step-by-step approach to facilitating college admission from researching various institutions and submitting applications through completion of the enrollment process. Rho Upsilon Omega chapter members will assist students in completing college applications, preparing for the ACT and SAT, writing compelling personal statements, identifying scholarships and other financial aid, and compiling a portfolio to track college admission results.

In order to achieve these objectives, the #CAP program provides monthly workshops focused on the STEPP method:

- **S – Search:** Search for schools and scholarships that meet your needs
- **T – Test:** Prepare and take the required test(s)
- **E – Evaluate:** Evaluate the schools on your short list
- **P – Paperwork:** Complete and submit applications, essays, financial aid forms, and other required materials
- **P – Positive Outlook:** Keep a positive attitude and be optimistic about your future

We hope that you will join us during our 2019-2020 program year. If you have any additional questions about our #CAP Program, please feel free to inquire at the Alpha Kappa Alpha Sorority, Incorporated, Rho Upsilon Omega Chapter website: www.aka-ruo.com.

Sincerely,

Rho Upsilon Omega, Chapter
#CAP Program Committee



#CAPSM Program Student Application Form

Applicant Information

NAME: _____
Last Name First Name Middle Initial

ADDRESS: _____
Street City State ZIP

PHONE/
EMAIL: _____
Phone Number Cell Number Email

Date of Birth (MM/DD/YY): _____ Gender: Male Female

Grade Level: 11th (Junior) 12th (Senior)

HIGH SCHOOL
NAME: _____
Last Name First Name Middle Initial

HIGH SCHOOL
ADDRESS: _____
Street City State ZIP

Current GPA (if applicable) Cumulative GPA: _____

CAREER INTERESTS (check all that apply):

- Agriculture, Food Processing & Natural Resources
- Architecture, Industrial Design, CAD
- Audio/Visual Technology Management & Administration
- Business Management, Process Management, Human Resources
- Business Office Administration/Support Services
- Communications
- Education, Training, Library Science
- Engineering, Mathematics, Research/Science (STEM)
- Finance, Banking, Accounting
- Government, Public Administration, Planning, Transportation, Distribution & Logistics
- Health Science (Medicine, Dentistry, Nursing, Pharmacy)
- Hospitality & Tourism
- Human Services (e.g., Social Work, Psychology, Counseling)
- Information Technology, Computer Science
- Law
- Marketing, Advertising, Promotion
- Military Services (e.g., Army, Marines, Navy, or Reserves)
- Performing & Fine Arts, Graphic Design, Fashion Design
- Public Safety, Corrections & Security
- Sales
- Vocational: (e.g., Automotive, Cosmetology, Construction, Industrial Trades, Technician)
- Other: _____

Parental/Legal Guardian Information

NAME: _____
Last Name First Name Middle Initial

ADDRESS: _____
Street City State ZIP

PHONE/
EMAIL: _____
Phone Number Cell Number Email

Emergency Contacts

NAME: _____
Last Name First Name Last Name First Name

PHONE/
EMAIL: _____
Phone Number Email Phone Number Email



Parental Consent & Responsibility

As the parent or legal guardian of _____
(hereinafter to as “she” or “her” or “he” or “his”), I hereby certify and affirm the following:

1. I am legally entitled to give consent for her/his participation in the #CAPSM program.
2. I acknowledge that she/he will be enrolled in 11th or 12th grade in good academic standing.
3. I am aware that upon application to the #CAPSM program, I must provide a copy of her/his most recent grade report.
4. I understand that her/his personal and private information will not be shared with any individuals, agencies or institutions without my written consent.
5. I understand that she/he will be involved with workshops and activities that seek to prepare her/him for the #CAPSM admissions process and #CAPSM which may also include community service and cultural enrichment activities.
6. I understand that it is my responsibility to make sure that she/he is present at all scheduled activities.
7. I authorize permission for her/him to attend all #CAPSM excursions that are off-site from the regular meeting place.
8. I understand that guests (i.e., younger siblings, friends, un-enrolled students) should not be brought to the meeting or activities without prior consent or knowledge of the #CAPSM program personnel.
9. I understand that her/his admission and participation in the program is voluntary and may be terminated by any party of this agreement at any time.
10. I authorize the #CAPSM program personnel to transport her/him (or arrange transportation) to a hospital or medical facility in the event that I cannot be reached and authorize consent to examination, care and treatment as deemed necessary by a licensed physician or dentist.
11. I understand that she/he may be photographed or videotaped during the program meetings and activities and give my consent for use of such images by Alpha Kappa Alpha Sorority, Inc. and the #CAPSM program personnel in print or electronic media used to promote the program.
12. I understand that as the parent or legal guardian, I may be called upon to attend a mandatory parental orientation, periodic meetings and program activities. In the event I cannot attend, I agree to send an adult representative in my place.
13. I relieve Alpha Kappa Alpha Sorority, Inc. and #CAPSM program personnel from any liability that may arise during her/his involvement in the #CAPSM program meetings and activities.
14. I understand that this form will be kept on file by Alpha Kappa Alpha Sorority, Inc. and the #CAPSM program personnel.
15. Termination of a student’s involvement in #CAPSM will be in writing.

By affixing my signature below, I certify that I have read all of the above information and agree with the provisions and my role and responsibilities.

PARENT/LEGAL GUARDIAN PRINTED NAME: _____

RELATIONSHIP TO APPLICANT/PARTICIPANT: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE: _____

CONTACT NUMBER: _____ EMAIL: _____



Student Code of Conduct & Responsibility Contract

As a participant of the #CAPSM program:

1. I agree to abide by the rules and regulations set forth by the #CAPSM personnel and to conduct myself with respect.
2. I agree to be cooperative and follow instructions ensuring that I respect adults and all #CAPSM personnel.
3. I will not bully or participate in negatively speaking to or of anyone nor act in a violent manner.
4. I will provide a copy of my recent grade report with the application and upon request of the #CAPSM personnel.
5. I will remain in good academic standing.
6. I understand that I must notify the #CAPSM program personnel of any absence from Program activities.
7. I understand that my personal and private information will not be shared with any individuals, agencies or institutions without my parent's written consent.
8. I will participate in workshops and activities that seek to prepare me for the CAPSM admissions process.
9. I will be fully engaged in attending program meeting and activities that may include civic and cultural activities.
10. I understand that I cannot bring guests to meetings or activities without prior consent or knowledge of the #CAPSM program personnel.
11. I understand my admission and participation in the program is voluntary and maybe terminated by any party of this agreement at any time.
12. I understand that I may be photographed or videotaped during the program meetings and activities for use of such images to be used by Alpha Kappa Alpha Sorority, Inc. and #CAPSM program personnel in print or electronic media for promotion of the program.
13. I understand that this form will be kept on file by Alpha Kappa Alpha Sorority, Inc. and the #CAPSM program personnel.
14. I will evaluate the #CAPSM program when requested

By affixing my signature below, I certify that I have read all of the above information and agree with code of conduct and responsibilities as a participant of the #CAPSM program.

STUDENT/APPLICANT PRINTED NAME: _____

DATE: _____

STUDENT/APPLICANT SIGNATURE: _____

CONTACT NUMBER: _____

EMAIL: _____