



**Alpha Kappa Alpha Sorority, Incorporated®
Rho Upsilon Omega Chapter**

Serving Southern Alameda and Contra Costa Counties

ROSEBUD APPLICATION

Please print or type

Name _____
Last First Middle Initial

Address _____
Number & Street City Zip Code

Home Phone _____ Cell Phone _____

Email Address: _____

Date of Birth _____ Age _____

Present School _____ Grade in Fall: _____ GPA: _____

Do you have any physical handicaps or dietary restrictions that will require special attention?
YES / NO

If "YES" please list below:

ACTIVITIES:

Please list all school, church, work and community activities in which you have participated, including any positions held and the years involved, throughout high school. Please include current or anticipated activities during the current school year.

Activity	Position Held	Year(s) Involved
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Please give a brief description for the information listed below.

Please list and describe the topics below:

Special Talents or Interest:

Hobbies:

Personal Goals:

Career Goals:

Contributions you wish to make to society:

Achievements, Honors and Awards:

What personal attributes and qualities would make you a good candidate for the program?

ROSEBUD FEES:

The cost of the Rosebud program is \$200.00 and includes but is not limited to admission, shirts, meals, workshop/activities, etc. Please make money orders/checks out to "AKA - Rho Upsilon Omega Chapter". If mailing in your payment, please use the address listed below. If using Zelle please send to finance@akaruo.com it will show up as Alpha Kappa Alpha Sorority. Please indicate the name of your Rosebud.

PARENT SECTION:

This section is to be completed and signed by a parent/guardian.

Name of Parent(s)/Guardian(s): (Circle One) PLEASE PRINT

Mother:

First _____ Last _____

Home Phone _____ Cell Phone _____

Email _____

Father:

First _____ Last _____

Home Phone _____ Cell Phone _____

Email _____

In case of emergency in parent/guardian's absence, please notify:

Name

Phone Number

Address

REFERRAL:

We are always looking for new students to inform, encourage and inspire! As a Rosebud participant, do you know of any young women who can benefit from the program? If so, please direct them to Alpha Kappa Alpha Sorority, Incorporated®, Rho Upsilon Omega Chapter website at www.aka-ruo.com where they'll find the program overview and application. You may also complete the section below and we will contact the student directly.

Name _____
Last First Middle Initial

Address _____
Number & Street City Zip Code

Parent/Guardian Home Phone _____ Cell Phone _____

Email Address: _____

Present School: _____ Grade in Fall: _____ Age _____

For Committee Use Only		
Date Received	Amount Received	Money Order #
_____	_____	_____
Committee Co-Chair Signature		Committee Co-Chair Signature
_____		_____

Completed Applications can be submitted to the following address:

Alpha Kappa Alpha Sorority, Incorporated®
Rho Upsilon Omega Chapter
Attn: Rosebud Committee Chairperson(s)
P.O. Box 2998
San Ramon, CA 94583