



Please complete application clearly and completely. Applications received that are not legible or are missing information will not be considered for Beautillion Militaire membership. Please print or type.



Charlotte Beautillion Militaire Scholars Admission Application

APPLICANT INFORMATION

Name: _____
(Last) (First) (Middle)

Age: _____ Date of Birth: _____

High School: _____

Home Address _____
(Street) (City) (State) (Zip)

Mobile Telephone Number: _____ Home Telephone Number: _____

Email Address: _____

Parent(s)/Guardian(s) Name: _____
(Last) (First)

Parent(s)/Guardian(s) Address: _____
(Street) (City) (State) (Zip)

Parent(s)/Guardian(s) Telephone Number: _____
(Area code) (Number)

Parent(s)/Guardian(s) Email Address: _____

Emergency Contact: _____ Emergency Contact (Phone): _____

APPLICANT'S ACKNOWLEDGMENT

I wish to participate in the Charlotte Alumni and Kappa Foundation of Charlotte, Kappa Alpha Psi Beautillion Militaire program. I agree to comply with all program guidelines and I understand that failure to comply with program guidelines may result in termination of my participation.

APPLICANT'S SIGNATURE: _____ DATE: _____

EDUCATION BACKGROUND

Grade Point Average:

Weighted: _____

Unweighted: _____

School Activities: (Past and Present):

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

School Awards and Honors: (Past and Present):

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

Community Involvement: (Past and Present):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

HIGHER EDUCATION ASPIRATIONS

LIST COLLEGES/UNIVERSITIES YOU ARE INTERESTED IN ATTENDING:

1. _____
2. _____
3. _____

PLANNED MAJOR:

1. _____
2. _____

WHAT ARE YOUR CAREER ASPIRATIONS?

1. _____
2. _____
3. _____

HOW DID YOU HEAR ABOUT THE CHARLOTTE KAPPA BEAUTILLION MILITAIRE PROGRAM?

(THIS SECTION OF THE APPLICATION SHOULD BE COMPLETED BY THE PARENT AND/OR GUARDIAN OF THE YOUNG MAN APPLYING FOR THE KAPPA ALPHA PSI BEAUTILLION MILITAIRE PROGRAM)

PHOTO RELEASE

I give permission to the Charlotte Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. and the Kappa Foundation of Charlotte, to use or release any photos of my child, taken for the purpose of promoting the Fraternity and its Kappa League/Kappa Beautillion Militaire/Guide Right Program.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENTAL ACKNOWLEDGEMENT

I hereby give my permission for my child to participate in the Charlotte Alumni and Kappa Foundation of Charlotte, Kappa Beautillion Militaire Program. I understand that the Charlotte Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. and Kappa Foundation of Charlotte are not responsible for personal injury or loss of property. I understand that my child is free to leave the program at any time and must comply with the Kappa Beautillion Militaire guidelines. I agree to immediately update this application when any of the information changes.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

MEDICAL INFORMATION

Please list any medical conditions, health concerns, or allergies your child has that we should be aware of.

RELEASE FOR MEDICAL TREATMENT

In the event of an emergency and the inability of the Charlotte Alumni Chapter or Kappa Foundation of Charlotte officers and/or Advisors and/or Director of the Kappa Beautillion Militaire Program to obtain my consent, I hereby give permission for the Charlotte Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. and Kappa Foundation of Charlotte, to authorize any medical treatment or surgery which a physician or surgeon shall deem necessary for my child.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

In the case of an emergency, which hospital or urgent care facility do you prefer to have your child transported to?

Hospital/Urgent Care Facility: _____

Primary Care Physician's Name: _____