



Please complete application clearly and completely. Applications received that are not legible or are missing information will not be considered for Kappa League membership.



Charlotte Kappa League Admission Application

(PLEASE TYPE OR PRINT)

APPLICANT INFORMATION

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

Age: _____ Date of Birth: _____ Grade: _____

High School currently or will be attending: _____

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

Home Telephone Number: _____
(Area code) (Number)

Cell Telephone Number: _____
(Area code) (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: _____

APPLICANT'S ACKNOWLEDGMENT

I wish to participate in the Charlotte Kappa League program. I promise to be careful to prevent damage to any buildings that may be used while participating in activities with the Kappa League program. I also agree to obey the rules of the Kappa League program, and that at any time I can be expelled from the Kappa League program for conduct that is detrimental to the program.

APPLICANT'S SIGNATURE: _____ DATE: _____



COMMUNITY INVOLVEMENT

LIST HONORS AND OUTSTANDING ACHIEVEMENTS YOU HAVE RECEIVED:

1. _____
2. _____
3. _____

DO YOU PARTICIPATE IN ANY SCHOOL SPORTS? IF YES, WHICH ONES AND WHAT POSITION DO YOU PLAY? PLEASE DESIGNATE IF JUNIOR VARSITY OR VARSITY:

1. _____
2. _____
3. _____

ARE YOU INVOLVED IN ANY OTHER EXTRACURRICULAR ACTIVITIES, PROGRAMS, OR ORGANIZATIONS? IF YES, WHAT ARE THEY AND WHAT POSITION OF LEADERSHIP DO YOU HOLD IN EACH, IF ANY?

1. _____
2. _____
3. _____

WHAT ARE YOUR HOBBIES AND INTERESTS?

1. _____
2. _____
3. _____

HOW DID YOU HEAR ABOUT THE CHARLOTTE KAPPA LEAGUE?



EDUCATION BACKGROUND

Academic Classification: (Circle Choices Below):

8th Grade

Freshman

Sophomore

Junior

Grade Point Average (Sophomore and Junior only):

Weighted: _____

Unweighted: _____

Please list the courses you are currently enrolled in this semester and indicate if the course is AP, Honors, or Regular:

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

Which course do you enjoy the most: _____

Which course do you enjoy the least: _____

HIGHER EDUCATION ASPIRATIONS

LIST COLLEGES/UNIVERSITIES YOU ARE INTERESTED IN ATTENDING:

1. _____
2. _____
3. _____



**KAPPA
FOUNDATION of
CHARLOTTE**

Investing in Achievement, Together™

WHAT ARE YOUR CAREER ASPIRATIONS?

1. _____
2. _____
3. _____

(THIS SECTION OF THE APPLICATION SHOULD BE COMPLETED BY THE PARENT AND/OR GUARDIAN OF THE YOUNG MAN APPLYING FOR MEMBERSHIP INTO THE KAPPA LEAGUE PROGRAM)

PHOTO RELEASE

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

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENTAL ACKNOWLEDGEMENT

I hereby give my permission for my child to participate in the Charlotte Kappa League 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. I agree to immediately update this application when any of the information changes.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

www.kappafoundationofcharlotte.org



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 League 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: _____