

**GAMMA ETA OMEGA CHAPTER
ALPHA KAPPA ALPHA SORORITY, INC.**

2010 LEADERSHIP FELLOWS INSTITUTE



APPLICATION PACKET

SUBMISSION DEADLINE:

ALL APPLICATIONS MUST BE POSTMARKED BY MAY 1, 2010.

PLEASE COMPLETE THE ENTIRE PACKET AND MAIL ON OR BEFORE THE POSTMARK DATE TO ONE OF THE ADDRESSES BELOW. PLEASE CONTACT US WITH ANY QUESTIONS.

MAIL TO:

**LACHONDRIA HOLDER
11047 FIELDCREST DRIVE
BATON ROUGE, LA 70811**

**EDWIA RICHARDSON
3616 CASA GRANDE DRIVE
BATON ROUGE, LA 70812**

**STEFANIE KRYGOWSKI
675 WOODDALE BLVD #9
BATON ROUGE, LA 70806**

QUESTIONS:

**LACHONDRIA HOLDER
(225) 775-1787**

**EDWIA RICHARDSON
(225) 773-9030**

**STEFANIE KRYGOWSKI
(225) 252-1713**

LIST ALL CHURCH AND/OR COMMUNITY ACTIVITIES YOU ARE CURRENTLY INVOLVED IN

LIST ANY EXTRACURRICULAR ACTIVITIES (TEAMS, CLUB, ETC)

**WRITE WHY YOU WOULD LIKE TO PARTICIPATE IN THE LEADERSHIP FELLOWS PROGRAM
(STAPLE ADDITIONAL PAPER IF NECESSARY WITH YOUR NAME ON EACH SHEET)**

HAVE YOU PREVIOUSLY PARTICIPATED IN THE LEADERSHIP FELLOWS PROGRAM?

YES NO IF YES, WHEN? _____

WILL YOU BE TAKING THE ACT AND/OR SAT EXAM? YES NO

IF YES, GIVE DATES AND WHICH EXAM YOU WILL BE TAKING

ALL APPLICATIONS MUST BE POSTMARKED BY MAY 1, 2010

**Gamma Eta Omega Chapter
ALPHA KAPPA ALPHA SORORITY, INC.
2008 Leadership Fellows Institute**

RECOMMENDATION FORM

Applicant Completes this Section (Please Print)

Applicant Name _____

Address, City, State and Zip Code _____

Phone: _____ **E-Mail Address:** _____

INSTRUCTIONS TO PERSON MAKING RECOMMENDATION: The Alpha Kappa Alpha Sorority, Incorporated Leadership Fellows Institute is designed to encourage and enhance leadership skills among college bound students by providing programs and activities that focus on education, scholarship, and personal development. This letter of reference form must be completed by a guidance counselor, teacher, and/or academic instructor whose relationship to the applicant meets one of the criteria below, who has known the applicant at least six (6) months and who can attest to the applicants leadership abilities.

Relationship to the applicant (check all that apply):

_____ Guidance Counselor

_____ High School Principal or Vice Principal

_____ Employer

_____ Academic Instructor

Please check all statements that apply to this applicant based on your own experience. If you do not know an answer, mark "Cannot Attest".

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Cannot Attest</i>
Obeys the Rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is polite, kind, honest, and fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is college bound	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercises good manners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Works well in a team environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is committed and focused	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PERSONAL STATEMENT FROM PERSON MAKING RECOMMENDATION: Please give a brief statement attesting to the applicant's character and leadership qualities. Your statement is limited to the space provided. Do not submit additional letters or other documents. Please **PRINT** or type your response.

By signing this form, I verify that all of the information I have provided, including, but not limited to, my signature, is true and correct. I understand that at any time, Alpha Kappa Alpha Sorority, Incorporated can rescind any rights or privileges it extends to the applicant based upon false information submitted on or with this letter of reference.

Signature and Title

Print Name

Date

Address

City, State, Zip Code

E-Mail Address

(_____)_____
Telephone Number