



# Alpha Kappa Alpha Sorority, Incorporated® Beta Iota Omega Chapter 2019-2020 Cotillion Application

**TYPE OR CLEARLY PRINT ALL INFORMATION, EXCEPT SIGNATURES**

*(Must be postmark on or before September 30, 2019)*

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## APPLICANT DATA

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

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## PARENT or GUARDIAN INFORMATION

Name \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent's Email Address \_\_\_\_\_

Emergency Contact (if different from above) \_\_\_\_\_

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## HIGH SCHOOL DATA

School Name \_\_\_\_\_ Current Grade Point Average (un-weighted) \_\_\_\_\_

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## SPECIAL ACCOMODATIONS

Do you have any special medical or dietary needs? If so, please describe.

\_\_\_\_\_  
\_\_\_\_\_

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## ACTIVITIES/HONORS/AWARDS/HOBBIES (please feel free to use additional sheets of paper as needed)

Leadership Activities (include school, community and church related activities and involvement)

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Honors/Awards

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Hobbies/Interests

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**GOALS AND ASPIRATIONS (please feel free to use additional sheets of paper as needed)**

Provide a brief summary of your educational and career goals.

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**APPLICATION CHECKLIST**

The applicant is responsible for submitting all materials to the Beta Iota Omega Chapter Cotillion Committee by the deadline. Incomplete applications will not be evaluated. This application becomes complete and valid once all of the following materials have been received.

- Student Application
- Most recent OFFICIAL High School Transcript
- \$100 non-refundable application fee
- Two (2) Recommendation forms which must be from your principal, teacher, or guidance counselor
- Resume
- Signed Cotillion Contract

**All materials must be mailed to:**

**The Beta Iota Omega Chapter of Alpha  
Kappa Alpha Sorority, Incorporated®  
Attn: Cotillion Committee  
P.O. Box 20724  
Greensboro, NC 27420**

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**CERTIFICATION**

The Beta Iota Omega Chapter has the sole responsibility for selecting cotillion applicants based on the criteria set forth in the program description. This application becomes the property of the Beta Iota Omega Chapter. (It is recommended that you keep a copy for your files).

*I certify that I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in dismissal from cotillion. **The \$100 application fee is non-refundable, unless my application packet is rejected from the selection process.***

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Alpha Kappa Alpha Sorority, Incorporated®**

**Beta Iota Omega Chapter**

**Cotillion Recommendation Form**

***(Must be postmarked on or before September 30, 2019)***



The Beta Iota Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated® began sponsoring an annual Cotillion in 1961. The Cotillion provides an opportunity for female high school seniors to raise scholarship money for college and to participate in workshops to enrich their development. In the spring the young ladies are introduced to the community at a formal dinner presentation. We do not crown a queen or encourage competition in fundraising. Instead, all of our Cotillionettes are presented equally. **Participation in the Cotillion is open to young ladies in the 12th grade who aspire to attend college after high school and currently has an unweighted GPA of at least 2.5.**

**To the applicant:** Complete the section below and give this form to a current teacher. **Recommendations from relatives (e.g., parents, uncles, god-parents, etc.) are not acceptable.** Recommendations are confidential and will not be released or discussed with you or your parent(s)/guardian(s).

Applicant Name (Please print): \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_ Applicant Contact Number: \_\_\_\_\_

**To the recommender:** Please use this form to share your perceptions of how this student will meet the academic, attendance, and social responsibilities of the Cotillion. Please include examples to support statements where appropriate. We ask that you write or type your comments on this form only; **DO NOT include letters or other attachments.** Your comments are confidential and will not be released or discussed with the applicant or the applicant's parent(s)/guardian(s). The recommendation form is to be submitted in a sealed and signed envelope. Returning the recommendation in a signed, sealed envelope directly to the student is the preferred method. Recommendations may also be sent via US mail to: The Beta Iota Omega Chapter, Alpha Kappa Alpha Sorority Incorporated®, Attn: Cotillion Committee, P.O. Box 20724, Greensboro, NC 27420.

Recommender's Name (Please print): \_\_\_\_\_

Subject Area: \_\_\_\_\_ School: \_\_\_\_\_

Recommender's Email Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

In what course(s) and at what level did you teach this applicant? \_\_\_\_\_

What two words (or phrases) come to mind when you think of this applicant? \_\_\_\_\_

\_\_\_\_\_

Describe the applicant's academic performance and intellectual curiosity.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In comparison to other students in the same grade, please rate the applicant on the following:

*(Leave the section blank if unable to evaluate.)*

	<b>1 (Weak)</b>	<b>2</b>	<b>3 (Average)</b>	<b>4</b>	<b>5 (Strong)</b>
<b>Responsibility</b>					
<b>Motivation</b>					
<b>Time Management</b>					
<b>Listening Skills</b>					
<b>Rapport w/peers</b>					
<b>Rapport w/adults</b>					

How well does the applicant respond to personal setbacks and academic challenges?

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How well does the student manage/organize her time to meet deadlines and accomplish specific academic goals?

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Is there anything else you would like to share about the applicant that would be helpful in the Cotillion review process?

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**YOUR OVERALL RATING OF THIS STUDENT: MARK ONE ONLY**

\_\_\_\_\_ I have reservations regarding this student's participation in the Cotillion. I cannot recommend her based upon her current work, attendance and/or behavior at this time.

\_\_\_\_\_ I believe the student is a strong candidate for the Cotillion and I recommend her without reservations.

RECOMMENDER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_