

Alpha Kappa Alpha Sorority Incorporated®
Eta Omicron Omega Debutante Cotillion and
Scholarship Program
Eta Omicron Omega Chapter
P.O. Box 147
High Point, NC 27261

Dear Prospective Debutante and Parents/Guardians:

The Eta Omicron Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated ®, is pleased and excited to announce its 2024-2025 Debutante Cotillion and Scholarship Program. This program is open to young ladies enrolled in high school as juniors and seniors during the 2024-2025 school year who plan to enroll in post-secondary educational institutions. Participation affords young women the opportunity to experience a wide array of cultural, academic, and social activities while at the same time raising funds for their post-secondary educational endeavors. The unique program, which culminates with a formal Debutante Cotillion Ball, is an occasion that will remain in the hearts and minds of each young lady.

Attached is an application packet consisting of the following:

- Program Participation Criteria
- Application Form
- Enrollment Verification Form
- Two Recommendation Forms, one of which must be completed by a high school teacher, counselor, or administrator.
- Official Transcript (Please request to be mailed to the below address)
- Resume (Please submit)
- Debutante Essay Form

The completed application packet, including **a non-refundable application fee of \$50.00 (check or money order made payable to Eta Omicron Omega Chapter, AKA), must be** postmarked by September 9, 2024. The application packet and application fee should be mailed to the following address:

Debutante Cotillion and Scholarship Program:
Alpha Kappa Alpha Sorority, Incorporated ®
Eta Omicron Omega Chapter
P. O. Box 147
High Point, NC 27261

If you are accepted for participation in the Debutante Cotillion and Scholarship Program, you will receive a letter of acceptance and an invitation to attend a Cotillion Program Orientation Meeting.

Yours truly,

Dr. Tanesha Roberts-Lowe
President, Eta Omicron Omega Chapter

2024-2025 Debutante Cotillion and Scholarship Program
Alpha Kappa Alpha Sorority, Incorporated®
Eta Omicron Omega Chapter

Prospective Debutante Application

*All materials must be received by (September 9, 2024)
(Late or incomplete packets will not be considered)

Please Mail Typed and Completed
Application To: Eta Omicron Omega Chapter
2024-2025 Debutante Cotillion and Scholarship Program
P.O. Box 147
High Point, NC 27261
or Email: EOOAKACotillion@outlook.com

APPLICANT'S STATEMENT OF QUALIFICATION

I, _____ confirm that I meet all the Debutante Scholarship Program participation criteria listed below and understand that I must maintain these standards throughout the 2024-2025 Debutante Scholarship Season. By submitting a complete application, I understand that I can be dismissed from the Program for not complying with any obligation outlined in the Debutante Program.

1. Commit to attend all scheduled activities and rehearsals that occur throughout the Debutante Program Season.
2. Demonstrate a focus on goals, aspirations and plans to pursue an education beyond high school.
3. Demonstrate and maintain scholastic achievement each grading period (2.5 GPA or higher).
4. Exhibit commitment to community service.
5. Possess leadership potential and good character, which include but are not limited to the following:
 - a. Must not be a parent.
 - b. Must not be pregnant or become pregnant.
 - c. Must not have a criminal, misdemeanor, or court record of any kind.
 - d. Must not have poor discipline at school or in the community.
 - e. Must not be combative, disrespectful, or violent towards anyone in the program.

Applicant's Signature

Date

Parent/Guardian Signature

Date

Letter of Understanding and Agreement

between

**Alpha Kappa Alpha Sorority, Incorporated®
Eta Omicron Omega Chapter**

and

2024-2025 Debutante Cotillion Participant and Parents

This Letter of Understanding and Agreement is hereby made between and entered into by the Alpha Kappa Alpha Sorority, Incorporated ®, Eta Omicron Omega Chapter and the 2024-2025 Debutante Cotillion participant and parents.

A. PURPOSE

The purpose of this letter of understanding and agreement is to develop and continue a framework of cooperation between Alpha Kappa Alpha Sorority, Incorporated ®, Eta Omicron Omega Chapter and the 2024-2025 Debutante Cotillion participant and parents. These activities, rules, and recommendations are designed to fully engage debutantes in the Cotillion process.

B. Description of Collaborative Relationships

1. Parents and debutantes must sign a letter of understanding and agreement as well as a waiver of liability agreement. The waiver of liability form is to protect the members of the chapter and organization as well as waive any responsibility for any injury. The letter of understanding and agreement is solely for the purpose of accountability. Both the debutante and parents will receive the activities and rehearsal dates prior to the cotillion via our Debutante Cotillion Handbook and will be explained during the initial interest meeting. Therefore, active participation is expected from the debutante.
2. To qualify for any of the awards located in section C. Understandings, debutantes must actively participate in 70% of the activities and rehearsals. A lot of preparation goes into making the Debutante Cotillion a success, and we want all debutantes to be presented well and celebrated for their participation.
3. Consideration for Miss Debutante Cotillion will include participation in 70% of activities and rehearsals, community service hours, highest GPA, talent winner, and funds raised. Points will be awarded for each category and the debutante who receives the highest number of points will be the winner.
4. Debutantes who do not actively participate in the dance rehearsals and who do not know the dances will not be allowed to participate in the debutante theme figure dance and other dances (if applicable).

5. **The presentation fee of \$750 dollars is due by November 15, 2024. We will only allow you to proceed in the process if 50% of the presentation fee has been paid by November 15, 2024. However, the total amount of \$750 dollars is due no later than December 15, 2024, and there will be a 20% late fee assessed. Therefore, a total of \$900 will be due if the presentation fee is paid after the November 15, 2024, deadline (\$750 X 20%).**

6. All money that is collected for the title of Miss Debutante Cotillion should be received **one month prior** to the Cotillion by 5:00pm. Any money received after the deadline will only go towards the overall scholarship amount that will be granted to the college/university of choice. Money received after the deadline will not be counted or considered for the title of Miss Debutante Cotillion. The rationale for this deadline is to allow time for the Ivy Hands Treasurer to go calculate the totals in a timely manner.

C. Understandings

The above information is mutually understood and agreed by and between all parties of the 2024-2025 Debutante Cotillion. Each participant is expected to participate in at least 70% of activities and rehearsals organized by Alpha Kappa Alpha Sorority, Incorporated®, Eta Omicron Omega Chapter. To be considered for any awards including Highest GPA, Most Community Service, Talent Award and Miss Debutante Cotillion, debutantes are expected to participate in at least 70% of the activities and rehearsals.

By affixing your signature below, you acknowledge that you agree to the guidelines of Alpha Kappa Alpha Sorority, Incorporated®, Eta Omicron Omega Chapter.

SIGNATURES

 President of Eta Omicron Omega Chapter

 Date

 2024-2025 Debutante

 Date

 2024-2025 Debutante Parent/Legal Guardian

 Date

2024-2025 Debutante Cotillion & Scholarship Program
Alpha Kappa Alpha Sorority, Incorporated®
Eta Omicron Omega Chapter

Prospective Debutante Application
*All materials must be received by September 9, 2024)
(Late or incomplete packets will not be considered)

DEBUTANTE SCHOLARSHIP PROGRAM REQUIREMENTS

1. Applicant Name: _____
2. As part of its fundraising efforts, we require each Debutante to commit to fundraising goals during the Debutante Program. Once accepted into the Eta Omicron Omega Chapter Debutante & Scholarship Program, a non- refundable Activity Fee of \$750 must be **paid in full** by **November 15, 2024. If paid after this date there is a 20% late fee, and funds will not be accepted after December 15, 2024.**

Will you be able to raise the minimum amount required to commit to the program?

____ Yes ____ No

3. The Debutante & Scholarship Program will run throughout the 2024-2025 academic school year. Activities will primarily occur on the weekends with some possible evening activities during the school week.
 - a. Do you think you will have time to commit to the program? _____ Yes _____ No
(Attendance to all programs/activities is mandatory. There is an expectation of 70% participation in activities and rehearsals.)

4. As part of its community service efforts, we require each Debutante to complete community service during the Program. Do you think that you will be able to complete the requirement? _____ Yes _____ No

5. Have you been involved in any criminal incidents at school or in the community?
_____ Yes _____ No

If you answered "Yes," please explain the cause and the outcome.

6. Do you anticipate being employed during the upcoming school year? _____ Yes _____ No
If you answer is "Yes." Please estimate the number of hours and days you will be working.

Number of hours _____ Days of Week _____

7. Please provide links and profile names or any websites or social media you are listed on?

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Alpha Kappa Alpha Sorority, Incorporated® Eta Omicron Omega Chapter

ENROLLMENT VERIFICATION FORM

INSTRUCTIONS: The Enrollment Verification Form is required to participate in the 2024-2025 Debutante Cotillion and Scholarship Program. The student is to complete part one, sign the form and obtain parent's signature, and forward it to an authorized school official. The form must be signed by an authorized school official (counselor, registrar, assistant principal, or principal).

PART I: COMPLETED BY STUDENT

I understand that as a condition to participate in the Eta Omicron Omega Debutante Cotillion, I must be a junior or senior during the 2024-2025 school year in an accredited high school or home school.

Student's Name (Print)

Student's ID Number

Student's Signature

Date Signed

Parent's Signature

Date Signed

PART II: COMPLETED BY AUTHORIZED SCHOOL OFFICIAL

I certify that the student named above is enrolled in this school and this student will be a junior or senior during the 2024-2025 school year.

Student's Name

Grade

Anticipated Date of Graduation

School's Address

School Official's Name (Print)

Title

School

Telephone

School Official's Signature

Date Signed

2024-2025 Debutante Cotillion and Scholarship Program

Alpha Kappa Alpha Sorority, Incorporated® Eta Omicron Omega Chapter

PHOTO CONSENT FORM

I hereby consent and agree that Alpha Kappa Alpha Sorority, Incorporated® Eta Omicron Omega Chapter has the right to take or use photographs of me and to use these photographs in any and all media locally including online, now, or hereafter known, and for purposes of promotion and recruitment.

I hereby release to Alpha Kappa Alpha Sorority, Incorporated® Eta Omicron Omega Chapter all rights to exhibit this work in print and electronic form publicly or privately and to market copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in the photographs and agree that any uses described herein may be made without compensation or additional consideration of me.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Debutante's Name: _____

Address: _____

Phone: _____

Parent/Guardian's Name: _____

Signature: _____

Parent/Guardian name & Signature: _____

(if under 18 Guardian will sign)

Date: _____

2024-2025 Debutante Cotillion Program Application

Alpha Kappa Alpha Sorority, Incorporated® Eta Omicron Omega Chapter

DATE: _____

NAME _____ EMAIL: _____

ADDRESS _____ STATE _____ ZIP CODE _____

HOME PHONE _____ MOBILE PHONE _____

HIGH SCHOOL _____ GRADE _____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN MOBILE PHONE _____

PARENT/GUARDIAN EMAIL ADDRESS _____

POST-SECONDARY EDUCATION PLANS (college or university you plan to attend)

IN WHAT AREA DO YOU PLAN TO MAJOR?

HOBBIES AND TALENTS

CHURCH AFFILIATION

CANDIDATE

SIGNATURE _____ DATE _____

PARENT/GUARDIAN

SIGNATURE _____ DATE _____

2024-2025 Debutante Cotillion and Scholarship Program
Alpha Kappa Alpha Sorority, Incorporated® Eta Omicron Omega Chapter
HEALTH SERVICES INFORMATION FORM

Name of Debutante: _____

Name of Parent or Guardian and relationship to be contacted in the case of a medical emergency.

Telephone number of Parent or Guardian: _____

List any chronic medical conditions your Teen may have (i.e.: diabetes, asthma, etc.).

Please list all medications that your Teen is currently taking and their doses.

Please list any medications/reactions or foods to which your Teen has an allergy and describe the reaction (i.e. hives, rash).

Medications

Foods

Please describe any activity restrictions/limitations and any other pertinent medical history.

Please provide the name of your Teen's doctor and telephone number.

Name of Insurance Company: _____

Insurance Membership Number: _____

2024-2025 Debutante Cotillion and Scholarship Program

Alpha Kappa Alpha Sorority, Incorporated®, Eta Omicron Omega Chapter

WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

I understand that Participation in any activity including the 2024-2025 Debutante Cotillion and Scholarship Program (hereafter “the Activity”) carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I hereby agree that my and my child’s participation in the “Activity” is voluntary and that I knowingly assume all such risks.

I, for myself, my heirs, personal representatives, or assigns, do hereby release, waive, and discharge Alpha Kappa Alpha Sorority, Incorporated, its officers, agents or assigns from all claims and loss resulting from participation in the “Activity.”

I agree to INDEMNIFY AND HOLD Alpha Kappa Alpha Sorority, Inc. HARMLESS from any and all claims, costs, expenses, damages and liabilities.

I have read this Waiver of Liability, Assumption of risk, and Indemnity Agreement. I fully understand its terms. I acknowledge that I am signing the agreement freely and voluntarily.

I agree to allow my child to participate in activities related to the 2024-2025 Debutante Cotillion and Scholarship Program sponsored by the Eta Omicron Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated ®.

I authorize medical treatment in the event of injury.

Name of Participant _____ Age _____

Parent Name _____ Number _____

Emergency Name _____ Number _____

Insurance Co. _____ Phone _____ Policy _____

Signature _____ Date _____