

BJHH Kappa League Membership Application



Personal Information

Name:	
Address:	
City, State Zip Code	
Home Phone:	
Email:	
Cell Phone:	
Birth Date:	
Parent/ Guardian- Dad:	
Address & Home Phone:	(if different from applicant)
<input type="checkbox"/> same as applicant	
Email:	
Cell Phone:	
Parent/ Guardian- Mom:	
Address & Home Phone:	(if different from applicant)
<input type="checkbox"/> same as applicant	
Email:	
Cell Phone:	

Applicant Acknowledgement

I wish to participate in the BJHH Kappa League. I understand that if I'm selected for membership, I am expected to attend meetings, participate in activities and complete required assignments. I also agree to obey the rules established by the BJHH Kappa League program.

Applicant Signature _____ Date: _____

Referred by: Kappa (name) _____

Church Member School Counselor Other: _____

Membership Requirements

The Beaufort-Jasper-Hilton Head (BJHH) Alumni Chapter of Kappa Alpha Psi Fraternity, Inc., is pleased that you have decided to apply for membership into the BJHH Kappa League. The program requires all applicants to submit a complete membership package.

Membership Qualifications

- " Must be willing to attend monthly meetings, community service activities and workshops
- " Must be a male student between the ages of 8--18
- " Must have goal to obtain a cumulative GPA of 2.75 (78%) or better
- " Must complete an interview with the membership committee

How to Apply:

1. Complete the application.
2. Provide a copy of your (final) 2012-13 report card or high school transcript.
3. Provide a copy of current class schedule for upcoming academic semester.
4. Remit application fee: \$25.00
Checks made payable to
Beaufort-Jasper Hilton Head Alumni Chapter of KAPΨ
5. Attach a recent picture of yourself.
6. Application must be post-marked by 04/15/2014. BJHH reserves the right to limit the number of accepted applications.
7. Mail complete package to:
**Kappa Alpha Psi Fraternity,
Inc. Beaufort-Jasper-Hilton Head
Alumni PO Box 1561
Beaufort, SC 29901
Contact: Kenneth E. Brown
Guide Right Director
Cell: 843-812-0750**

Academic Information

School Name (2013-14):	
School Address:	
City, State Zip Code	
Courses enjoyed the most	
Course(s) most challenging	

Activities (check all that apply)

Please list your hobbies, interests, community service, sports, musical, art and/or extracurricular activities.

Performing Arts:	Sing Dance Act Oratory Musical Instrument- Type:
Sports:	Basketball Baseball Track Tennis Golf Football Swimming Fencing Lacrosse Wrestling Other:
Hobbies, Club Activities and/or Community Involvement:	

Aspirations

What are your career ambitions?

List colleges/ universities you are presently interested in attending:

1. _____ 2. _____
3. _____ 4. _____

Letter of Interest

Provide a one-page, typed essay, incorporating the points below. You may also include any information about yourself that you deem to be important or special.

New Member: Points to consider in your essay:

1. Why are you interested in Kappa League? *To learn more about the Kappa Programs visit the website(s) below*
2. What do you hope to gain from being a part of BJHH Kappa League?
3. What qualities or attributes would you bring to BJHH Kappa League?

Beaufort-Jasper Hilton Head WEBSITE- WWW.BJHHNUPES.COM
NATIONAL WEBSITE - www.natlkappaleague.org/

Parental Acknowledgment

I hereby give permission for my child to participate in the BJHH Kappa League. I understand that BJHH Alumni Chapter of Kappa Alpha Psi Fraternity, Inc., is 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 information changes.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Release for Medical Treatment

In the event of an emergency and the inability of the BJHH Kappa League Advisors to obtain my consent, I hereby give permission for BJHH Alumni Chapter of Kappa Alpha Psi Fraternity, Inc., to authorize any medical treatment or surgery in which a qualified physician or surgeon shall deem prudent for my child.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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

Hospital/Urgent Care Facility: _____

Primary Care Physician's Name: _____

Parent/Guardian Signature: _____ Date: _____

Photo Release

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

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

BJHH Kappa League Advisory Committee – Internal Use:

Applicant:	Returning	New		
Application:	Complete	Incomplete		
Interview:	Exceptional	Satisfactory	Unsatisfactory	N/A
Committee Recommendation:	Applicant Accepted		Applicant Declined	
Mentor Assignment:				