



Alpha Kappa Alpha Sorority, Inc.®
Epsilon Psi Omega Chapter

“Pearls of Promise” Junior Debutantes

Class status (2025-2026 school year): 8th 9th 10th

I. Personal Information

Name _____

Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Home Phone No. _____ Mobile no. _____

Email Address _____

II. Special Accommodations

Do you have any special needs we need to be aware of Yes No

If yes, describe _____

III. Parent /Guardian Information

Mother's Name _____

Email Address _____ Phone No. _____

Father's Name _____

Email Address _____ Phone No. _____

Guardian information (if applicable)

Name _____

Email Address _____ Phone No. _____

IV. School Information

School Name _____

GPA _____ (ex: 3.8/4.0)

V. Special Interests, Honors & Awards

Leadership Activities (include school, community, church)

Honors & Awards _____

Hobbies/Interest _____

Favorite quotation or Personal Motto _____

VI. Participation Certification

By signing this application, I affirm that all information provided in the "Pearls of Promise" Junior Debutante application is true, accurate, and complete to the best of my knowledge. I understand that any falsified statements or misrepresentations may result in immediate dismissal from the program and that all fees are non-refundable. I authorize the "Pearls of Promise" Junior Debutante Committee to verify the information and documentation submitted with this application.

Applicant Name _____

Applicant signature _____ Date _____

Parent's/Guardian's Name _____

Parent's/Guardian's Signature _____ Date _____

