



*Epsilon Upsilon Omega Chapter  
Young Cultured Pearls*

**Release/Permission Slip**

I hereby request and consent that my child or ward

\_\_\_\_\_ be permitted to participate in the Young Cultured Pearls Program. I further understand that this program is for Leadership Development and that my child or ward may be accompanied and transported to and from designated events, photographed, and/or mentored, by a member of (Epsilon Upsilon Omega) or its designee associated with this program. By signing below, I release (Epsilon Upsilon Omega), Alpha Kappa Alpha Sorority Incorporated, its members and other volunteers associated with this program from any liability or any injury, loss, or damage connected in any way whatsoever with participation in this program.

I \_\_\_\_\_ pledge to follow all conduct rules and acknowledge that my failure to obey rules and requirements may result in my removal from the program.

Signature of Participant \_\_\_\_\_

Signature of Parent(s) \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_



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**Program Criteria**

- The program is open to middle school girls in grades 6, 7 and 8
- The applicant must be currently enrolled in school
- The applicant must submit a completed counselor and teacher recommendation form
- The applicant must submit a completed general application form
- The applicant must have a (C) average and submit their grades as proof that they regularly attend school
- The applicant must submit a written personal statement (minimum of 500 words) which articulates why she desires to be in the **Young Cultured Pearls** program
- The applicant must agree to follow instructions, cooperate and be well behaved while participating in the program
- The applicant must submit a completed parental consent form and release

\_\_\_\_\_ and \_\_\_\_\_ **acknowledge,**  
(Parent/Guardian) (Student)

**Understand and agree to the conditions of this program in order to become a participant.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



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**Personal Information Form**

**Please Print or Type**

Student:

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Last Name	First Name	Middle Initial
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Home Address	City	State	Zip Code
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Phone Number(s)

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Name of School	Grade	Level
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Name of Guidance Counselor	Phone Number
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List Extracurricular Activities:

Complete Personal statement (Minimum of 500 words):

Why do you desire to participate in the Young Cultured Pearls program?

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Student's Signature	Date
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Parent's Signature	Date
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**Personal Recommendation Form**

Student:

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Last Name	First Name	Middle Initial
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Name of School	Grade	Level
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Name of Sponsor	Phone Number
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Length of time sponsor has known applicant \_\_\_\_\_

I do \_\_\_\_\_ do not \_\_\_\_\_ recommend the above named student for a participant in the Young Cultured Pearls Program

Comments:

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Sponsor Signature	Date
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**Counselor/Teacher Recommendation**

Student:

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Last Name	First Name	Middle Initial
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Name of School	Grade	Level
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Name of Guidance Counselor	Phone Number
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GPA and/or Progress in School

I do \_\_\_\_\_ do not \_\_\_\_\_ recommend the above named student as a participant in the Young Cultured Pearls Program

Comments:

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Sponsor Signature

Date