



STAMFORD (CT) ALUMNI CHAPTER GUIDE RIGHT / KAPPA LEAGUE PROGRAM



APPLICATION COVER LETTER

Thank you for your interest in applying for admission to the Guide Right/Kappa League Program, sponsored by The Stamford (CT) Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. Guide Right/Kappa League is one of our area's premiere mentorship programs for young men that focuses on higher education, financial responsibility, and development of a positive self-image resting upon sound ethics and values. In addition, mentees in the program will gain knowledge of impeccable social and business skills, time management skills, and leadership abilities. The Guide Right/Kappa League Program insists that all applicants submit a completed "Kappa League Admission Application" along with all requested documents and items to the email or physical address provided below **by the requested deadline**.

All applicants should meet the following academic requirements set forth for consideration of admission into the Stamford Guide Right/Kappa League Program:

- ▶ The applicant must be in good academic standing and currently enrolled in middle school or high school (grades 6th-12th) or will be enrolled for the upcoming school year.
- ▶ The applicant should want to be a part of a program that promotes leadership development, career awareness, college preparation and peer networking.
- ▶ High School applicants should have a grade point average (GPA) of at least 2.5 on a 4.0 scale. (an appeal of the grade point average threshold is determined by advisors of the Stamford Guide Right/Kappa League Program).
Note: High school applicants who do not possess a minimum of a 2.5 GPA are still encouraged to apply for program membership.

Each applicant may be selected to complete the Kappa League interview process after mailing his completed application packet. The applicant will be notified via phone upon receiving his application of his scheduled interview date and time. (*If an applicant has not obtained his "outside community" recommendation letter by the date of his interview, the applicant will still be allowed to interview. However, the applicant must submit the recommendation letter within (7), days from the date of his interview for full consideration of admission to the program). Applicants may mail documents to the following physical address or scan all documents in one single file to StamfordKappaLeague@gmail.com:

**Stamford Alumni Chapter
Guide Right Leadership & Development League Program
65 High Ridge Road, Suite # 402
Stamford, CT 06905**

On the day of the interview, each applicant will be required to complete a thirty-minute interview process and must be prepared to stay for the entire time. Applicants should arrive 15 minutes before their interview is scheduled to start. Each applicant is also required to wear slacks, a dress shirt, and a tie for the interview.

Applicants selected for entry to the Stamford Kappa League Program will be notified via e-mail within two weeks from the day of their interview. At the time of this notification, the successful candidate will be informed as to when he is required to attend his first Kappa League meeting or orientation.

Once again, we are pleased that you have decided to apply for admission to the Stamford Guide Right/Kappa League Program. Should you have any questions please contact StamfordKappaLeague@gmail.com.

APPLICATIONS MUST BE RECEIVED NO LATER THAN SEPTEMBER 1ST FOR PRIORITY CONSIDERATION.



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APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE
DATE OF BIRTH	AGE	SHIRT SIZE
STREET ADDRESS	CITY	STATE ZIP
HOME PHONE	CELL PHONE	EMAIL ADDRESS
SCHOOL NAME	ENTERING GRADE	
PARENT(S)/GUARDIAN(S) NAME		
PARENT(S)/GUARDIAN(S) HOME PHONE	PARENT(S)/GUARDIAN(S) CELL PHONE	PARENT(S)/GUARDIAN(S) EMAIL ADDRESS

APPLICANT ACKNOWLEDGEMENT

I wish to participate in the Stamford Guide Right/Kappa League Development Program. I promise to be careful to prevent damage to any buildings that may be used while participating in activities with the Stamford Kappa League Program. I also agree to obey the rules of the Stamford Kappa League Program and abide by the program's attendance policy, and that at any time I can/will be removed from the Kappa League Program for conduct that is detrimental to the program or if I am unable to comply with the attendance policy.

APPLICANT SIGNATURE	DATE
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EDUCATIONAL BACKGROUND

SCHOOL NAME	GPA (BASED ON 4.0 SCALE)
STREET ADDRESS	CITY STATE ZIP
PRINCIPAL NAME	PHONE

If you are a current high school student, please list the courses you are enrolled in this semester. (*Indicate if course is Advanced Placement, Honors, College Prep or a General Course*)

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

What course do you enjoy the most? _____

Which course do you enjoy the least? _____



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SCHOLASTIC EXAMS

Please provide the scores you have achieved on the following standardized exams where applicable:

EXAM	ENGLISH SCORE	MATH SCORE	READING SCORE	SCIENCE SCORE	COMPOSITE SCORE
PSAT					
SAT					
ACT					

COMMUNITY INVOLVEMENT

List Honors and Outstanding Achievements you have received:

Do you currently or plan to participate in any school sports programs?
If yes, which ones and what position do you play?

☐ Yes ☐ No

SPORT	POSITION(S)
SPORT	POSITION(S)
SPORT	POSITION(S)
SPORT	POSITION(S)

Are you involved in any other extracurricular activities, programs, or organizations?
If yes, what activities, programs, or organizations are you involved in?

☐ Yes ☐ No

-
-
-
-
-

List Honors and Outstanding Achievements you have received:



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ADDITIONAL SKILLS

Foreign Language: ☐ Yes ☐ No If yes, which language: _____

Computer Skills (Hardware/Software): _____

HIGHER EDUCATION ASPIRATIONS

List Colleges/Universities you are or may be interested in attending:

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

What are your career aspirations?

ADDITIONAL ITEMS NEEDED TO COMPLETE APPLICATION

1. Submit a copy of your high school transcript or GPA verification form (*high school applicants*)
2. Submit a copy of current class schedule for upcoming academic semester (*if available*)
3. Submit (1) letter of recommendation from someone who knows you well and is not your parent or guardian (*e.g. teacher, counselor, coach, pastor, employer*)

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ESSAY QUESTION

Please complete an essay that is at least 200 words detailing your answer to one of the following statements. Please attach an additional sheet of paper if necessary.

ESSAY OPTION 1: "I want to be in the Kappa League Program because..."

ESSAY OPTION 2: "It is important that I learn leadership development skills because..."



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THE PARENT/GUARDIAN OF THE YOUNG MAN APPLYING FOR MEMBERSHIP INTO THE KAPPA LEAGUE PROGRAM SHOULD COMPLETE THE FOLLOWING SECTION OF THE APPLICATION

PLEASE NOTE: The following information will be used for statistical purposes only.

Number of persons living in the home where child primarily resides: _____

Whom does the Kappa League applicant currently reside with: ☐ Mother ☐ Stepparent ☐ Other Relative
☐ Father ☐ Grandparent ☐ Other

What is the child's Nationality: ☐ Black/African American ☐ Hispanic/Latino
☐ White ☐ Asian ☐ Other

MEDICAL INFORMATION

Please list any medical conditions or known allergies your child has that we should be aware of:

Does your child have a hearing problem? ☐ Yes ☐ No
If Yes, does he wear a hearing aid? ☐ Yes ☐ No
Does your child have a vision problem? ☐ Yes ☐ No
If Yes, does he wear glasses or corrective lenses? ☐ Yes ☐ No
Has your child had a serious illness, injury or been hospitalized with in the past year? ☐ Yes ☐ No
If so, please describe:

RELEASE OF MEDICAL TREATMENT

In the event of an emergency and the inability of the Stamford (CT) Alumni Chapter officers and/or advisors of the Guide Right/Kappa League Program to obtain my consent, I hereby give permission for the Stamford (CT) Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. to authorize any medical treatment or surgery which a physician or surgeon shall deem necessary for my child.

PARENT/GUARDIAN SIGNATURE

DATE

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

HOSPITAL/URGENT CARE FACILITY

PRIMARY CARE PHYSICIAN'S NAME



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PHOTO RELEASE

I give permission to the Stamford (CT) Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. and The Stamford Alumni Diamond Foundation to use or release any photos of my child, taken for the sole purpose of promoting the Fraternity and its Kappa League/Guide Right Program.

PARENT/GUARDIAN SIGNATURE

DATE

PARENTAL ACKNOWLEDGEMENT

I hereby give my permission for my child to participate in the Guide Right/Kappa League Program, sponsored by Stamford (CT) Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. I understand that the Stamford (CT) 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 but thereafter will need to reapply for admission. I agree to immediately update this application when any of the information changes.

PARENT/GUARDIAN SIGNATURE

DATE

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