Alpha Kappa Alpha Sorority, Incorporated®
Upsilon Alpha Omega Chapter

DEBUTANTE COTILLION PROGRAM RECOMMENDATION FORM

The below-named young lady is applying to participate in the 2023-2024 Debutante Cotillion and Scholarship Program presented by Alpha Kappa Alpha Sorority, Inc. Upsilon Alpha Omega Chapter. Based on your experience with the applicant, please answer the questions and check the box below that best represents the applicant's ability or character.

Date: _____

APPLICANT INSTRUCTIONS: Submit two (2) recommendation forms with application. At least one form must be from a "School representative or Civic/Community Involvement Leader" and one from a Clergy Member, Adult Mentor or Alpha Kappa Alpha Sorority member. (all non-family members)

Applicant's Full Name:

How long have you known the applicant?	

In what capacity have you known the applicant? Overall Impression of the applicant.

PLEASE SELECT THE NUMBER WHICH BEST APPLIES TO EACH AREA.
(1-Outstanding 2-Above Average 3-Average 4-Below Average)

Integrity -Honorable, upright, acts on convictions, stands by beliefs.	1 ◯	2 ◯	3 ◯	4 ◯
Excellence - Committed with the quality of work she produces.	1 ◯	2 ◯	3 ◯	4 ◯
Respect - Self-Respect, demonstrates high regard for peers and authority.	1 ◯	2 ◯	3 ◯	4 ◯
Leadership - Inspire and motivate others to achieve a common goal.	1 ◯	2 ◯	3 ◯	4 ◯
Reliability - Faithful to those she has made commitments and keeps her promises.	1 ◯	2 ◯	3 ◯	4 ◯
Accountability- Accepts responsibility for her decisions as well as the consequences of her actions and statements.	1 ◯	2 ◯	3 ◯	4 ◯
Contribution to School & Community	1 ◯	2 ◯	3 ◯	4 ◯

PLEASE COMMENT BRIEFLY ABOUT THE APPLICANT'S PERSONALITY, CHARACTER, ACADEMIC ASPIRATIONS, CITIZENSHIP, ETC.

Print Name _____ **Title** _____ **Signature** _____

Please email completed form to uaocotillion@upsilonalphaomega.com by August 18, 2023 deadline