MENTORING Application Forms
2014 - 2015

Sponsored by
Alpha Kappa Alpha Sorority, Inc.

Psi Alpha Omega Chapter
Stockbridge, GA
MENTORING Group
2014-2015

Sponsored by
Alpha Kappa Alpha Sorority, Inc.
Psi Alpha Omega Chapter – Stockbridge, GA

Psi Alpha Omega Chapter is currently recruiting middle school girls in 6th, 7th, and 8th grades from Clayton and Henry counties, to participate in a leadership program designed to cultivate and encourage high scholastic achievement through:

1) Leadership Development
2) Educational Enrichment
3) Civic Engagement
4) Character Building

Participants must:
- be currently enrolled in school (6th, 7th or 8th grade)
- submit a completed general application form
- submit a participation fee of $30 after acceptance into the program
- submit a final report card
- submit a typed personal statement (minimum of 500 words) which describes why you desire to be in the MENTORING program
- agree to follow instructions, cooperate and be well behaved while participating in the program
- agree to participate in at least 90% of all MENTORING activities and sessions (a minimum of 8 sessions with only 2 absences allowed.)
- submit a completed parental consent form and release
- attend a participant and parent overview session of MENTORING program

Application may be obtained from www.psialphaomega.org.

Complete Applications must be postmarked by June 15, 2014. Applications can be sent to: PO Box 2626, Stockbridge, GA 30281.
Mentoring 2014-2015

Application Form

The mentoring program is a signature program of Alpha Kappa Alpha Sorority Incorporated Psi Alpha Omega Chapter for middle school girls. Consisting of four AKAdemies, the program is designed to extend the vision of the sorority by cultivating and encouraging high scholastic achievement through:
1) Leadership Development, 2) Educational Enrichment, 3) Civic Engagement, and 4) Character Building.

The Mentoring program will develop skills and talents of middle school girls (grades 6, 7 and 8) with potential for becoming leaders within their local communities, as well as in other venues.

Program Criteria:
- the program is open to middle school girls in 6th, 7th and 8th grades
- the applicant must be currently enrolled in school
- the applicant must submit a completed counselor/teacher/personal recommendation form
- the applicant must submit a completed general application form
- the applicant must submit a final report card
- the applicant must submit a typed personal statement (minimum of 500 words) which articulates why she desires to be in the Mentoring program
- the applicant must agree to follow instructions, cooperate and be well behaved while participating in the program
- the applicant must be capable of fully participating in all program activities (with only 2 absences allowed)
- the applicant must submit a competed parental consent form and release

_________________________ and ____________________________ acknowledge,
(Parent/Guardian) (Student)

I understand and agree to the conditions of this program in order to become a participant.

__________________________________________
Student’s Signature Date

__________________________________________
Parent’s Signature Date
Mentoring 2014-2015
Selection Criteria

Criteria #1: Grade Point Average (GPA) – 20 points
- 100-90 (20 points)
- 89-80 (15 points)
- 79-75 (10 points)
- 74- Below (5 points)

Criteria #2: Extracurricular Activities – 20 points

Criteria #3: Recommendations – 20 points

Criteria #4: School Attendance – 20 points

Criteria #5: Essay/Statement of Interest – 20 points
Mentoring 2014-2015

Personal Information Form

Please Print or Type

Student:

Last  First  MI

Home Address  City  State  Zip

Contact Phone Number  Student Email Address

Name of School  Upcoming Grade Level

Shirt Size  Parent Contact Email & Number

List Extracurricular Activities:

Attach your typed personal statement: (Minimum of 500 words)
Why do you desire to participate in the Mentoring program?

Career Goals:

Student’s Signature  Date

Parent’s Signature  Date
Mentoring 2014-2015
Counselor/Teacher Recommendation Form

Please Print or Type
Student:

_____________________________________________________________________________
Last, First, MI

_____________________________________________________________________________
Name of School                              Grade Level

_____________________________________________________________________________
Name of Counselor/ Teacher                  Phone Number

_____________________________________________________________________________
GPA and/or Progress in School

Character: □ Good □ Fair □ Poor

I do □ do not □ recommend the above named student for a participant in the Mentoring program.

Comments:________________________

_____________________________________________________________________________
Counselor/Teacher Signature              Date

Alpha Kappa Alpha Sorority, Inc.
Psi Alpha Omega Chapter
2014-2015 MENTORING Season
Mentoring 2014-2015
Personal Recommendation Form

Please Print or Type
Student:
_____________________________________________________________________________

Last, First, MI
__________________________________________________________________________

Name of School ___________________________ Grade Level ____________________________
__________________________________________________________________________

Name of Sponsor __________________________ Phone Number __________________________

Length of time sponsor has known applicant __________________________________________________________________________

I do _____ do not _____ recommend the above named student for a participant in the Mentoring program.

Comments:
__________________________________________________________________________

__________________________________________________________________________

Sponsor’s Signature __________________________ Date __________________________

Alpha Kappa Alpha Sorority, Inc.
Psi Alpha Omega Chapter
2014-2015 MENTORING Season
Mentoring 2014-2015

Release/Permission Slip

I hereby request and consent that my child or ward

___________________________________________ be permitted to participate in the Mentoring 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 Psi Alpha Omega or its designee associated with this program. By signing below, I release Psi Alpha 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)______________________________________________________________
Mentoring 2014-2015
Statement of Understanding

The Mentoring program is an initiative of Alpha Kappa Alpha Sorority Psi Alpha Omega Chapter, with emphasis on leadership development among girls in middle school grades. The following four AKAdemies will be explored: (1) Leadership Development; (2) Civic Engagement; (3) Education Enrichment; (4) Character Building. To ensure that participants will derive maximum benefits from their experiences, it is imperative that they honor the following program rules and guidelines as attested by the required signatures:

It is understood that I, ___________________________________, will follow instructions, be cooperative, and well-behaved while participating in the Mentoring program.

It is understood that I, ___________________________________, will adhere to appropriate dress code as defined by chapter directors for designated events.

I, ___________________________________________, understand that I will address presenters by appropriate title(s) (i.e., Ms., Miss, Mrs., Dr., etc.) in various settings.

I, ___________________________________________, understand that as a participating representative of the Mentoring program sponsored by Psi Alpha Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated, my behavior must always reflect favorably upon the organization.

I, ___________________________________________, understand that if I am found to be in violation of any of the established rules and regulations, or the code of ethics of the Mentoring program that Psi Alpha Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated has the authority to terminate my participation.

**Major Infractions**

A phone call, and/or direct contact meeting will be held to discuss the rule infraction. The Mentoring program student, their parent/guardian/sponsor and other involved parties will be required to attend.
Statement of Understanding continued

All of the following are prohibited, and are subject to maximum disciplinary action. Students found committing any of these acts will be subject to dismissal from the Mentoring program:

- Use/or possession of a controlled substance
- Use/or possession of tobacco products
- Use/or possession of a weapon, or any items that could be considered a weapon
- Threats (implied or direct); physical or verbal abuse; or use of profane language
- Lying or stealing
- More than 2 absences or lack of full participating in program activities

Minor Infractions

Any conduct which disrupts or disturbs other participants, chapter members, or other volunteers assisting with the Mentoring program will be dealt with in the following manner:

- First Offense: Participant will be informed of the improper behavior and provided an opportunity to explain (due process). If deemed necessary, a meeting will be scheduled with the participant’s parent/guardian/sponsor and a warning will be issued.

- Second Offense: Participant will be excluded from an activity. The participant’s parent/guardian/sponsor will be notified via phone or direct conference.

- Third Offense: Participant will be removed from the Mentoring program. The participant’s parent/guardian/sponsor will be notified via phone, or direct conference.

I, ________________________________, have read and understand the above rules and regulations.

We understand what the consequence(s) will be should a violation of rules and regulations occur.

____________________________________________________________________________________
Mentee Name Printed Name

____________________________________________________________________________________
Mentee Signature/Date

_____________________________                        _______________________________
Parent/Guardian Printed Name                     Parent/Guardian Signature/Date

Note: Unsigned and incomplete forms will not be considered.
Meeting Dates
2014-2015

August 9, 2014

September 20, 2014

October 11, 2014 or October 18, 2014

November 8, 2014

December 13, 2014

January 10, 2015 or January 19, 2015

February 7, 2015

March 14, 2015

April 18, 2015

May 16, 2015