

Teen Ivy Academy Application

Program Purpose

The Teen Ivy Academy program is a mentoring program of Alpha Kappa Alpha Sorority, Incorporated, Upsilon Epsilon Omega Chapter for high school girls attending Perry Hall or Randallstown High School. The program is designed to extend the vision of the sorority by cultivating and encouraging high scholastic standards through: (1) Leadership Development; (2) Civic Engagement; (3) Career and College Exploration; and (4) Character Building.

Please Print or Type

Student Last Name	Student First Name	Student MI Name
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Parent/Guardian Name	Parent/Guardian Name
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Home Address	City	State	Zip
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Home Phone Number	Cell Phone	Email Address
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Student Cell Phone Number	Student Email Address
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Level Grade	Age	Name of Guidance Counselor
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Emergency Contact Information

Name	Relationship to Student
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Phone/Cell Phone Number	Email Address
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Release/Permission to Participate

I hereby request and consent that my child or ward _____ (Student Name) be permitted to participate in the **Teen Ivy Academy** program at _____ High School. I further understand that my child or ward may be accompanied by and transported to and from designated events, photographed, and/or mentored, by members of Upsilon Epsilon Omega Chapter of Alpha Kappa Alpha Sorority Incorporated or its designees associated with this program. By signing below, I release Upsilon Epsilon Omega chapter of Alpha Kappa Alpha Sorority, Incorporated, its members and other volunteers associated with this program from any liability or an injury, loss, or damage connected in any way whatsoever with participation in this program.

I, _____ (Student Name) pledge to follow all program rules and guidelines. I also acknowledge that my failure to obey program rules and requirements may result in my removal from the program.

Parent /Guardian Signature: _____

Date: _____

Student Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Teacher Recommendation

I do _____ (please check) recommend the above named student as a participant in the Teen Ivy Academy program.

Recommendation Completed By

How long have you known this participant?

In what capacity?

Your Signature

Date

Email Address