2013/2014
Application Packet

Contents include:

1. Cover Letter/Procedures
2. Application
3. Schedule of 2013/2014 Extracurricular Activities
4. Medical Information Form
5. Release Form
Kappa League of Tampa is a mentoring program geared toward building leadership skills, encouraging scholastic achievement and fostering community service in high school males.

Kappa Leaguers perform projects that will expose them to planning, execution, reporting ideas, and simulating good leadership characteristics designed to raise their aspiration levels. All activities and programs are taken from one or more of the following phases:

Phase I – Self Identity
Phase II – Training
Phase III – Competition
Phase IV – Social
Phase V – Health Education

We are extremely pleased that you have decided to apply for admission into the Kappa League of Tampa/Guide Right program.

Qualifications:

- Must be a male student in grades 7 – 12
- Must have a 2.0 grade point average or higher
- Must be willing to attend monthly meetings, community service activities and workshops
- Must be in “good standing” at their current school
- Must complete and submit all application materials

Should you have any questions, please contact any member of the Kappa League of Tampa committee, or:

Andre Curry
Kappa League Director
(352) 397-9715
andre.curry@email.saintleo.edu

Quinne Lowe
Asst. Kappa League Director
(313) 333-7309
quina@crushmediagroup.com

Tampa Diamond House
3412 E. Lake Ave.,
Tampa, FL 33610

Tampa Alumni Mailing Address
P.O. Box 5062,
Tampa, FL 33675
Application Timetable:

☐ Interest/Kick-off meeting (August 10th, 2013 at C. Blythe Andrews Jr. Public Library)

☐ Application is due by September 3rd, 2013

☐ Training workshops

☐ Induction ceremony

Application Checklist:

☐ Kappa League of Tampa Application – Signed by Parent/Guardian and Applicant

☐ Copy of Most Recent Grade Report/School Transcript

☐ Schedule of 2013/2014 Planned or Committed Programs/Extracurricular Activities
  (Please attach calendar of dates for any games, concerts, events, etc.)

☐ Copy of Scholastic test results (i.e. ACT, SAT, PSAT, FCAT) – if available

☐ Medical Information Form

☐ Waivers and Release Forms

☐ $25 application fee (Money order or check payable to Kappa League of Tampa)

If you have any difficulties obtaining any of the above documents, please let a member of the Kappa League of Tampa committee know.

Notification of Admission (or Denial) will be communicated within 1 week of receipt of application.

All required information can be returned to:

Andre Curry
Kappa League Program Director
12208 Citrus Leaf Drive, Gibsonton, FL 33534
or via email: andre.curry@email.saintleo.edu
KAPPA LEAGUE OF TAMPA/GUIDE RIGHT PROGRAM
Sponsored by the Tampa Alumni & Zeta Chi Chapters of Kappa Alpha Psi
“Training for Leadership since 1911”

Application Form

Date__________________

Print Name in Full______________________________________ Age _______ Grade _______ Shirt Size_____
(Last) (First) (Middle)

Home Address_________________________________________ Home #________________ Cell #________________
(Street) (City) (State) (Zip)

Date of Birth_________________________ Email Address (required) __________________________ Graduation Year__________

Emergency Contact Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Place of Employment</th>
<th>Occupation</th>
<th>Phone Number(s)</th>
<th>Email Address</th>
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Application can be returned to:
Andre Curry, Kappa League Program Director
12208 Citrus Leaf Drive, Gibsonton, FL 33534
or via email: andre.curry@email.saintleo.edu

Kappa League of Tampa Application
## Educational Background

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Street Address</th>
<th>City/State/Zip</th>
<th>Principal</th>
<th>Phone</th>
<th>GPA (based on 4.0 scale)</th>
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## Scholastic Exams

Please provide the scores you have achieved on the following exams and submit copies of the score report sheets, if available.

If you have not taken the test, put N/A in the box.

<table>
<thead>
<tr>
<th>Exam</th>
<th>English Score</th>
<th>Math Score</th>
<th>Reading Score</th>
<th>Science Score</th>
<th>Writing Score</th>
<th>Composite Score</th>
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<td>SAT</td>
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<td>ACT</td>
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<td>PSAT</td>
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<td>FCAT</td>
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<tr>
<td>Other Exam</td>
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</table>
HIGHER EDUCATION ASPIRATIONS
List Colleges/Universities/ Technical Schools you are interested in attending: ____________________________
_____________________________________________________________________________________
What are your career aspirations? _____________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
COMMUNITY INVOLVEMENT
List Honors and Outstanding Achievements you have received: ____________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
List community organizations which you have been involved: ____________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
List any other school activities (varsity athletics, student government, volunteer work, etc.) you have been involved in: ____________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Kappa League of Tampa Application
List any hobbies or interests:________________________________________________________

______________________________________________________________________________

Why are you interested in participating in the Kappa League program?__________________

______________________________________________________________________________

______________________________________________________________________________

If you are granted the opportunity to participate in the Kappa League program, what are your expectations?______________________________

______________________________________________________________________________

______________________________________________________________________________

Is anyone in your family a member of Kappa Alpha Psi Fraternity, Inc.? ________ If yes, name: __________________________ Chapter: ___________________

Other Greek Letter Affiliations? ____________________________

Youth Lives With: □ Mother □ Father □ Both □ Grandparents □ Other ____________________

Number of Brothers _______   Sisters ________   Younger Siblings ________   Older Siblings _________
## SCHEDULE OF 2013/2014 EXTRACURRICULAR ACTIVITIES

List ALL current and/or planned extracurricular activities, days of engagement, and estimated time commitments

<table>
<thead>
<tr>
<th>Extracurricular Activity</th>
<th>Month and Days of Week Engaged (Include Weekends)</th>
<th>Estimated total hours per week</th>
<th>Time on the weekends</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. Football Team</td>
<td>August thru November Monday thru Saturday</td>
<td>25 hours</td>
<td>Saturday: 9AM – 2PM</td>
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</tbody>
</table>
MEDICAL/DISABILITY INFORMATION

Does applicant have a hearing problem? □ Yes □ No

If you answered yes, does applicant wear a hearing aid? □ Yes □ No

Does applicant have a vision problem? □ Yes □ No

If you answered yes, does applicant wear glasses or contacts? □ Yes □ No

Has the applicant had a serious illness, injury, or hospitalization in the past year? □ Yes □ No

If you answered yes, please describe nature of illness or injury: ____________________________________________________________

________________________________________________________________________________________________________________

________________________________________________________________________________________________________________

________________________________________________________________________________________________________________

Please list any medical conditions or allergies the applicant has that we should be aware of: ____________________________________________

________________________________________________________________________________________________________________

________________________________________________________________________________________________________________

________________________________________________________________________________________________________________

Kappa League of Tampa Application
PHOTO RELEASE

I give permission to the Tampa Alumni Chapter of Kappa Alpha Psi to use or release any photos of my child, taken for the purpose of promoting the Fraternity and its Guide Right Program.

PARENT/GUARDIAN SIGNATURE ___________________________________________ DATE__________

PARENT/GUARDIAN SIGNATURE ___________________________________________ DATE__________

RELEASE FOR MEDICAL TREATMENT

In the event of an emergency and the inability of the Tampa Alumni Chapter officers to obtain my consent, I hereby give permission for the Tampa Alumni Chapter of Kappa Alpha Psi to authorize any medical treatment or surgery which a physician or surgeon shall deem necessary for my child.

PARENT/GUARDIAN SIGNATURE ___________________________________________ DATE__________

PARENT/GUARDIAN SIGNATURE ___________________________________________ DATE__________

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

Hospital/Urgent Care Facility: _________________________________

Primary Care Physician’s Name: ________________________________
PARENTAL ACKNOWLEDGEMENT
I hereby give my permission for my child to participate in the Tampa Alumni Guide Right/ Kappa League program. I understand that the Tampa Alumni Chapter of Kappa Alpha Psi is not responsible for personal injury or loss of property. I understand that children are free to leave the program at any time. I agree to immediately update this application when any of the information changes.

PARENT/GUARDIAN SIGNATURE ______________________________________ DATE________

PARENT/GUARDIAN SIGNATURE ______________________________________ DATE________

APPLICANT ACKNOWLEDGMENT
I wish to participate in the Tampa Alumni Guide Right/Kappa League program. I promise to be careful to prevent damage to any other buildings that may be used while participating in activities with the Kappa League program. I also agree to obey the rules of the Tampa Guide Right/ Kappa League program, and that at any time I can/will be expelled from the Guide Right/ Kappa League program for conduct that is detrimental to the program.

APPLICANT SIGNATURE ______________________________________ DATE ________________

“I HEREBY REPRESENT THAT EACH ANSWER TO A QUESTION HEREIN AND ALL OTHER INFORMATION OTHERWISE FURNISHED IS TRUE AND CORRECT. I FURTHER REPRESENT THAT SUCH ANSWERS AND INFORMATION CONSTITUTE A FULL AND COMPLETE DISCLOSURE OF MY KNOWLEDGE WITH RESPECT TO THE QUESTION OR SUBJECT TO WHICH THE ANSWER OR INFORMATION RELATES. I UNDERSTAND THAT ANY INCORRECT, INCOMPLETE, OR FALSE STATEMENT OR INFORMATION FURNISHED BY ME MAY RESULT IN AUTOMATIC REJECTION. IN THE EVENT THAT I AM APPROVED FOR PARTICIPATION IN THE TAMPA CHAPTER OF THE KAPPA LEAGUE, I AGREE TO COMPLY WITH ITS RULES AND REGULATIONS. I HEREBY AUTHORIZE MY SPONSORS, REFERENCES, PREVIOUS, AND PRESENT EMPLOYERS TO GIVE ANY INFORMATION REGARDING ME.”

APPLICANT SIGNATURE: ______________________________________ DATE: ____________________

PARENT/GUARDIAN SIGNATURE ______________________________________ DATE: ____________________