



Student Name: _____

August 13, 2014

Dear Parents

First, let me thank and congratulate you on taking the initiative of pushing your son(s) to take on the responsibility of becoming leaders in their community. Through participating in the Kappa League Leadership program he will have the opportunity to be exposed to college graduate Minority Male Mentors from the Long Beach Inglewood South Bay Alumni Chapter of Kappa Alpha Psi, Fraternity Inc.

Both our Jr. Kappa League (6th-8th grade) and Kappa League Leadership Program (9th-12th grade) offer opportunities for young men to learn and develop the attitudes, tools and strategies for becoming a successful high school students, post-secondary applicants and college graduates. Through providing students exposure to the college track expectations and civically engaged mindset, it is our intention that these young men develop into the prized diamonds of our community.

To apply to become a member of Kappa League Program, students will need to complete the following steps:

1. Complete the attached Application;
2. Submit a one-page personal statement answering the following question, "What obstacles have you overcome, and how has that shaped your potential to be a leader in your family, school, church or community?"
3. Submit most recent transcript or report card;
4. Submit one Letter of Recommendation.

All submissions should be typed (unless already discussed with mentors) and turned in, in person **September 21 at the Leadership Training Meeting at Morningside High School 2pm-5pm** or earlier to Edward Vickers by email at eavickers86@gmail.com .

If you have any questions, please feel free to email or call our Guide Right Director Dr. Raymond Ivey at eavickers86@gmail.com or 323-681-7514

Sincerely,

Edward A. Vickers

Edward A. Vickers
Guide Right Director
Kappa Alpha Psi, Fraternity Inc.
Long Beach Inglewood Alumni Chapter
323-681-7514
eavickers86@gmail.com



Student Name: _____

Kappa League Admission Application (PLEASE PRINT or TYPE)

PERSONAL INFORMATION

Print Name in Full: _____
(Last) (First) (Middle)

Jr. Kappa League (6th-8th Grade) Kappa League (9th-12th grade)

Age: _____ Date of Birth: _____ Grade: _____

School currently or will be attending: _____

Home Address: _____
(Street) (City) (State) (Zip)

Home Telephone Number: _____

Parent Cell Telephone Number: _____

Student Cellphone Number: _____

Parent Email Address: _____

Student Email Address: _____

(2nd) Parent(s)/Guardian(s) Name: _____
(Last) (First)

Parent/Guardian Address: _____
(if different) (Street) (City) (State) (Zip)

Parent(s)/Guardian(s) Telephone Number: _____
(Area code) (Number)

Parent(s)/Guardian(s) Email Address: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone Number _____ Cell: _____

Name: _____ Relationship: _____

Phone Number _____ Cell: _____



Student Name: _____

(THIS SECTION OF THE APPLICATION SHOULD BE COMPLETED BY THE PARENT AND/OR GUARDIAN OF THE YOUNG MAN APPLYING FOR MEMBERSHIP INTO THE KAPPA LEAGUE PROGRAM)

FOR STATISTICAL PURPOSES

Number of Persons Living in Household: _____

Youth Lives With: Mother _____ Father _____ Both _____ Grandparents _____ Other _____

Nationality: Black _____ White _____ Hispanic _____ Asian _____ Other _____

MEDICAL INFORMATION

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

Does your child have a hearing problem?

Yes ___ No ___ if so, does he wear a hearing aid? Yes _____ No _____

Does your child have a vision problem? Yes _____ No _____

If so, does he wear glasses? Yes _____ No _____

Has your child had a serious illness, injury or hospitalization in the past year?

Yes _____ No _____

If so, please describe:



Student Name: _____

RELEASE FOR MEDICAL TREATMENT

In the event of an emergency and the inability of the LBISB Alumni Chapter officers and/or Advisors and/or Director of the Kappa League Program to obtain my consent, I hereby give permission for the LBISB 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

Print: _____

SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN

Print: _____

SIGNATURE: _____ DATE: _____

In the case of an 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: _____

PHOTO RELEASE

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

PARENT/GUARDIAN

SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN

SIGNATURE: _____ DATE: _____



Student Name: _____

Payment Options

Dues for the 2013-2014 Kappa League year cover part of the cost of travel to some of the Kappa League field trips, scholarships and to create an operating budget for the Kappa League Board of Directors to use to put on youth lead activities. Below are two options for payment please check one and make checks payable to **Kappa Alpha Psi, Fraternity Inc. LBISB Alumni Chapter.**

- One payment of \$150 Sept. 21, 2013
- Three Payments of \$50 Sept21, Nov16 and Jan 18
- If you have any significant financial constraints please contact one of the Kappa League advisors to discuss your situation

PARENTAL ACKNOWLEDGEMENT

I hereby give my permission for my child to participate in the Kappa Leadership Development Program – LBISB’s Kappa League program. I understand that the LBISB 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. I agree to immediately update this application when any of the information changes.

PARENT/GUARDIAN

SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN

SIGNATURE: _____ DATE: _____