

ALPHA KAPPA ALPHA SORORITY, INCORPORATED
PSI THETA OMEGA CHAPTER
BLOOMING IN JUNE DEBUTANTE COTERIE

Applicant Recommendation Form
(Make copies of this form as necessary)

Section I – To be completed by Applicant

Name of Applicant _____

Section II – To be completed by a high school, college, church, or community leader who knows the applicant well enough to answer questions about her leadership skills. The person completing this section must not be related to the applicant.

1. How long have you known the applicant and in what capacity have you been acquainted?

2. Please give your personal appraisal of the applicant:

Category	Excellent	Good	Fair	Poor	Unknown
Scholastic achievement					
Community service					
Leadership skills					
Commitment to obtaining a college degree					
Goal setting					
Character and personality					
Initiative and drive					

3. What are the characteristics that make you believe this applicant can be successful college student?

4. Comment on the applicant's judgment, maturity, morals and values.

PLEASE RETURN THE COMPLETED FORM IN A SEALED ENVELOPE TO THE APPLICANT.

Signature _____ Date _____

Print Name _____

Title _____

School/Organization _____ City, State _____