



**Alpha Kappa Alpha Sorority, Incorporated®  
Alpha Zeta Omega Chapter**

**DEBUTANTE COTILLION PROGRAM RECOMMENDATION FORM**

Date: \_\_\_\_\_

**APPLICANT INSTRUCTIONS:** Submit two (2) recommendation forms with application. At least one form must be from a high school counselor, teacher, administrator or staff. The recommendation forms may not be completed by family members.



Applicant's Full Name:

How long have you known the applicant?	
--	--

In what capacity have you known the applicant?




**PLEASE SELECT THE NUMBER WHICH BEST APPLIES TO EACH AREA.**

**(1-Outstanding      2-Above Average      3-Average      4-Below Average)**

1. Integrity	1	2	3	4
2. Contribution to School & Community	1	2	3	4
3. Character	1	2	3	4
4. Relationship with Peers	1	2	3	4
5. Academic Motivation	1	2	3	4
6. Positive Attitude	1	2	3	4
7. Responsibility	1	2	3	4



**PLEASE COMMENT BRIEFLY ABOUT THE APPLICANT'S PERSONALITY, CHARACTER, ACADEMIC ASPIRATIONS, CITIZENSHIP, ETC.**


_____	_____	_____
<b>Print Name</b>	<b>Title</b>	<b>Signature</b>

**\*Please return completed recommendation form to applicant for upload with online application.\***