



Alpha Kappa Alpha Sorority, Incorporated®
Alpha Zeta Omega Chapter

DEBUTANTE COTILLION PROGRAM APPLICATION

To apply online, visit <http://alphazetaomega.org/cotillion>.

Date: _____

Debutante Applicant Information

Full Name: _____
First Middle Initial Last

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Education

High School: _____ Grade Level: _____

Post-Secondary Education Plans: _____

College Major/Minor: _____

Hobbies & Talents: _____

Extracurricular Activities: _____

Parent(s)/Guardian(s) Information

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Address: _____

Disclaimer and Signature

Completed application, enrollment verification form and two recommendation forms along with a \$40.00 non-refundable fee.

Paper submissions and check/money-order payments should be mailed to:
Alpha Zeta Omega Chapter, Alpha Kappa Alpha Sorority, Incorporated®
PO Box 52465, Durham, NC 27717

Candidate Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____