



Soaring Scholars

Student Application Form



Twenty Pearls Foundation, Inc., a 501(c)(3) is working together with
Alpha Kappa Alpha Sorority, Incorporated®
LAMBDA TAU OMEGA CHAPTER

INSTRUCTIONS: Complete pages 1-3. Once finished, save your completed form and email it to soaringscholars@ltoaka.org. If you are having any issues using this form or have any questions, please email us at: soaringscholars@ltoaka.org

APPLICANT INFORMATION

Name:

Last Name

First Name

Middle Initial

Address:

Street

City

State

Zip

Contact:

Phone Number

Cell Number

Email

Date of Birth:

Gender: Male Female

MM/DD/YY

Grade Level:

9th

Freshman

10th

Sophomore

11th

Junior

12th

Senior

High School Name:

Address:

Street

City

State

Zip

Current GPA (if applicable) Cumulative GPA:

Applicant T-Shirt Size:

Adult

XS

S

M

L

XL

Please identify food allergies:

Please list health conditions and/or concerns:

Is your child a diverse learner? Yes No If yes, please specify:

PARENTAL/LEGAL GUARDIAN INFORMATION

Name:

Last Name

First Name

Middle Initial

Address:

Street

City

State

Zip

Phone Number/Email:

EMERGENCY CONTACTS

Name:

Last Name/First Name

Phone Number/Email

Name:

Last Name/First Name

Phone Number/Email



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PARENTAL CONSENT & RESPONSIBILITY

As the parent or legal guardian of:

(hereinafter to as "she" or "her" or "he" or "his"), I hereby certify and affirm the following:

1. I am legally entitled to give consent for her/his participation in the Soaring Scholars program.
2. I acknowledge that she/he will be enrolled in 11th or 12th grade in good academic standing.
3. I am aware that upon application to the Soaring Scholars program, I must provide a copy of her/his most recent grade report.
4. I understand that her/his personal and private information will not be shared with any individuals, agencies or institutions without my written consent.
5. I understand that she/he will be involved with workshops which may also include community service and cultural enrichment activities.
6. I understand that it is my responsibility to make sure that she/he is present at all scheduled activities.
7. I authorize permission for her/him to attend all Soaring Scholars excursions that are off-site from the regular meeting place.
8. I understand that guests (i.e. younger siblings, friends, un-enrolled students) should not attend meetings or activities without prior consent or knowledge of the Soaring Scholars program personnel.
9. I understand that her/his admission and participation in the program is voluntary and may be terminated by any party of this agreement at any time.
10. I authorize the Soaring Scholars program personnel to transport her/him (or arrange transportation) to a hospital or medical facility in the event that I cannot be reached and authorize consent to examination, care and treatment as deemed necessary by a licensed physician or dentist.
11. I understand that she/he may be photographed or videotaped during the program meetings and activities and give my consent for use of such images by Alpha Kappa Alpha Sorority, Inc.®, Lambda Tau Omega Chapter and the Soaring Scholars program personnel in print or electronic media used to promote the program.
12. I understand that as the parent or legal guardian, I may be called upon to attend a mandatory parental orientation, periodic meetings and program activities. In the event I cannot attend, I agree to send an adult representative in my place.
13. I relieve Alpha Kappa Alpha Sorority, Inc.®, Lambda Tau Omega Chapter and the Soaring Scholars program personnel from any liability that may arise during her/his involvement in the Soaring Scholars program meetings and activities.
14. I understand that this form will be kept on file by Alpha Kappa Alpha Sorority, Inc.®, Lambda Tau Omega Chapter and the Soaring Scholars program personnel.
15. Termination of a student's involvement in Soaring Scholars will be in writing.

By affixing my signature below, I certify that I have read all of the above information and agree with the provisions and my role and responsibilities.

Parent/Legal Guardian Printed Name:

Relationship to Applicant/Participant:

Parent/Legal Guardian Initials (*ACTING AS A DIGITAL SIGNATURE*):

Date:

Phone Number/Email:



STUDENT CODE OF CONDUCT & RESPONSIBILITY CONTRACT

As a participant of the Soaring Scholars program:

1. I agree to abide by the rules and regulations set forth by the Soaring Scholars personnel and to conduct myself with respect.
2. I agree to be cooperative and follow instructions ensuring that I respect adults and all Soaring Scholars personnel.
3. I will not bully or participate in negatively speaking to or of anyone nor act in a violent manner.
4. I will provide a copy of my recent grade report with the application and upon request of the Soaring Scholars personnel.
5. I will remain in good academic standing.
6. I understand that I must notify the Soaring Scholars program personnel of any absence from Program activities.
7. I understand that my personal and private information will not be shared with any individuals, agencies or institutions without my parent's written consent.
8. I will participate in workshops and activities to the best of my ability.
9. I will be fully engaged in attending program meetings and activities.
10. I understand that I cannot bring guests to meetings or activities without prior consent or knowledge of the Soaring Scholars program personnel.
11. I understand my admission and participation in the program is voluntary and maybe terminated by any party of this agreement at any time.
12. I understand that I may be photographed or videotaped during the program meetings and activities for use of such images to be used by Alpha Kappa Alpha Sorority, Inc.®, Lambda Tau Omega Chapter and the Soaring Scholars program personnel in print or electronic media for promotion of the program.
13. I understand that this form will be kept on file by Alpha Kappa Alpha Sorority, Inc.®, Lambda Tau Omega Chapter and the Soaring Scholars program personnel.
14. I will evaluate the Soaring Scholars program when requested.

By affixing my signature below, I certify that I have read all of the above information and agree with code of conduct and responsibilities as a participant of the Soaring Scholars program.

Student/Applicant Printed Name: _____

Student/Applicant Initials (*ACTING AS A DIGITAL SIGNATURE*): _____

Date: _____

Phone Number/Email: _____

- TO SUBMIT THIS FORM:**
- 1) Please ensure that you have completed all fields accurately and to the best of your ability.
 - 2) Save the completed form and email it to soaringscholars@ltoaka.org.
 - 3) In addition to completing this form, please also send a copy of the Applicant's most recent grade report. **THANK YOU!**