



#CAPSM APPLICATION



#CAPSM Program Student Application Form

Applicant Information

NAME: _____
Last Name First Name Middle Initial

ADDRESS: _____
Street City State ZIP

PHONE/
EMAIL: _____
Phone Number Cell Number Email

Date of Birth (MM/DD/YY): _____ Gender: Male Female

Grade Level: 11th (Junior) 12th (Senior)

HIGH SCHOOL
NAME: _____
Last Name First Name Middle Initial

HIGH SCHOOL
ADDRESS: _____
Street City State ZIP

Current GPA (if applicable) Cumulative GPA: _____

Applying for College: Yes No

Colleges/Universities interested in Applying to: _____

Are you involved in any Extra Curricular Activities in your current High School? Please list any/all activities:

Please list any advanced placement courses or early admission courses currently or previously taken:

CAREER INTERESTS (check all that apply):

- Agriculture, Food Processing & Natural Resources
- Architecture, Industrial Design, CAD
- Audio/Visual Technology Management & Administration
- Business Management, Process Management, Human Resources
- Business Office Administration/Support Service
- Communications
- Education, Training, Library Science
- Engineering, Mathematics, Research/Science (STEM)
- Finance, Banking, Accounting
- Government, Public Administration, Planning, Transportation, Distribution & Logistics
- Health Science (Medicine, Dentistry, Nursing, Pharmacy)
- Hospitality & Tourism
- Human Services (e.g., Social Work, Psychology, Counseling)
- Information Technology, Computer Science
- Law
- Marketing, Advertising, Promotion
- Military Services (e.g., Army, Marines, Navy, or Reserves)
- Performing & Fine Arts, Graphic Design, Fashion Design
- Public Safety, Corrections & Security
- Sales
- Vocational: (e.g., Automotive, Cosmetology, Construction, Industrial Trades, Technician)
- Other:

Parental/Legal Guardian Information

NAME: _____
Last Name First Name Middle Initial

ADDRESS: _____
Street City State ZIP

PHONE/
EMAIL: _____
Phone Number Cell Number Email

Emergency Contacts

NAME: _____
Last Name First Name Last Name First Name

PHONE/
EMAIL: _____
Phone Number Email 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 #CAPSM 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 #CAPSM 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 and activities that seek to prepare her/him for the #CAPSM admissions process and #CAPSM 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 #CAPSM 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 be brought to the meeting or activities without prior consent or knowledge of the #CAPSM 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 #CAPSM 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. and the #CAPSM 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. and #CAPSM program personnel from any liability that may arise during her/his involvement in the #CAPSM program meetings and activities.
14. I understand that this form will be kept on file by Alpha Kappa Alpha Sorority, Inc. and the #CAPSM program personnel.
15. Termination of a student’s involvement in #CAPSM 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 SIGNATURE: _____ DATE: _____

CONTACT NUMBER: _____ EMAIL: _____