



KAPPA ALPHA PSI FRATERNITY INC.



NEW ROCHELLE – WHITE PLAINS ALUMNI CHAPTER
KAPPA LEAGUE PROGRAM
MEMBERSHIP APPLICATION

(Please Print)

PERSONAL INFORMATION

Print Name in Full

(Last)

(First)

(Middle)

Age _____ Date of Birth _____ Current Grade _____

Present Address

(Street)

(City)

(State)

(Zip)

Home Telephone Number _____

(Area Code)

Cell Telephone Number _____

(Area Code)

Email Address _____

Parent(s)/Guardian(s) Name _____

(Last)

(First)

Parent(s)/Guardian(s) Address _____

(Street)

(City)

(State)

(Zip)

Parent(s)/Guardian(s) Telephone Number _____

(Area Code)

Parent(s)/Guardian(s) Email Address _____

APPLICANT'S ACKNOWLEDGEMENT

I wish to participate in the New Rochelle-White Plains Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. Kappa League Program. I agree to obey the rules of the program, and at any time I can/will be expelled from the Kappa League program for conduct that is detrimental to the program.

APPLICANT'S SIGNATURE _____ DATE _____



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MEMBERSHIP APPLICATION PART 2

Name of High School _____

List all school clubs and sports activities you are involved with:

List Honors and Achievements you have received:

List any community service or other organizations you are involved with:

List Colleges/Universities you are interested in attending:

What are your career aspirations? _____



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MEMBERSHIP APPLICATION PART 3

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION

1. A one paged typed response to the following statement:

“I want to be in the Kappa League Program Because...”

2. A copy of your last report card

3. One letter of recommendation (It can be from a teacher, pastor, boss, community leader)



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PARENTAL ACKNOWLEDGMENT

I hereby give my permission for my son to participate in the New Rochelle – White Plains Kappa League Program. I understand that the New Rochelle-White Plains Chapter of Kappa Alpha Psi is not responsible for personal injuries or loss of property. I understand that my child is free to leave the program at any time. I agree to immediately update this application when any of the information changes. Also, I hereby give permission for photos to be taken of my son that will be used in any New Rochelle-White Plains Chapter publications or articles to be submitted to our National Guide Right website.

PARENTAL / GUARDIAN SIGNATURE _____

DATE _____

PARENTAL / GUARDIAN SIGNATURE _____

DATE _____

Please mail your completed application to:

Kappa Alpha Psi Fraternity Inc.
New Rochelle-White Plains Alumni Chapter
P.O. Box 1193
White Plains, NY 10602