



**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 Number ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Number ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

Parent(s)/Guardian(s) Name \_\_\_\_\_

(Last)

(First)

Address \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Home Number ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Number ( \_\_\_\_\_ ) \_\_\_\_\_

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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Name of High School \_\_\_\_\_

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

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List Honors and Achievements you have received: \_\_\_\_\_

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

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List Colleges/Universities you are interested in attending: \_\_\_\_\_

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What are your career aspirations? \_\_\_\_\_

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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.

PARENTAL / GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Please forward your completed application to:

KappaLeague@NRWPKappas.com

or

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