

Alpha Psi Alpha Mentoring Program

Sponsored by Alpha Psi Alpha Sorority, Inc.



Application Packet

Contents include:

1. Cover Letter/ Procedures
2. Application
3. Medical Information Form
4. Release Form

Alpha Psi Alpha Mentoring Group

Alpha Psi Alpha Sorority offers young women an opportunity to become active supporters of the organization's goals, programs, and activities. These groups include:

- **Alpha Angels:** Girls in 4th -5th grade who are mentored by ladies of Alpha Psi Alpha Sorority, Incorporated to become outstanding leaders in their community.
- **Alpha Rose:** Girls in 6th -8th grade who are willing to strive toward the high ideals of Alpha Psi Alpha Sorority and who demonstrate the potential for leadership in service to the community.
- **Alpha Pearl:** High school-aged young ladies who demonstrate an interest in the goals and the ideals of scholarship, sisterly love, and community service.





Alpha Psi Angels Mentoring Program

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Alpha Psi Angels is a mentoring program geared toward encouraging young ladies to have self-pride, to be self-motivated, and to build lifelong bonds in a sisterhood.

Alpha Psi Angels perform projects that will expose them to planning, execution, reporting ideas, and simulating good leadership characteristics designed to raise their aspiration levels. All activities and programs are taken from one or more of the following phases:

Phase I – Self Identity

Phase II – Training

Phase III – Competition

Phase IV – Social

Phase V – Health Education

Money Breakdown:

1. Processing Fee: \$150

A. weekly practice space, manual, AP Angels shirt, ceremony jackets, ceremony outfits (Shoes not included), building for ceremony

2. Monthly Fee: \$20

A. Monthly meetings space

B. Trips and materials for phases

C. 10% to the Jennie Lou Scholarship

(The Jennie Lou Scholarship is for graduating seniors after completing volunteer hours, GPA Check, and essay)

We are extremely pleased that you have decided to apply for admission into the Alpha Psi Angels program.

Qualifications:

- * Must be a female student in grades 4 – 12
- * Must have a 2.0 grade point average or higher
- * Must be willing to attend monthly meetings, community service activities and workshops
- * Must be in “good standing” at their current school
- * Must complete and submit all application materials

Schedule Breakdown:

Alpha Psi Angels Mentors will give out a 6-month schedule a month in advance. In the events of any cancellations, changing of dates or times the parents will be notified by an Alpha Psi Angels Mentor within 7 days from the event. If there is an emergency cancellation, change of dates or times a mentor will notify the parents within 24 hours.

1. Student/Family Contacts will be every Thursday evening.
2. Behavior Reports/Student Overall Grades are due every 2 weeks for Behavior/monthly Grade report
3. Community Service 50 hours - 1-2 times a month
4. Round Table Discussions- 1 -2 Times a month
5. Fundraisers - 1 per semester
6. Presentations - 1 time every 2-month
7. Church Service with sisters or Mentors every other month



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Leadership Development:

The Alpha Psi Mentor serves as a role model and life skills coach. In this capacity, the activities are centered primarily on developing character and teaching leadership skills.

Academic Achievement:

The Alpha Psi Mentor will make time to talk about being successful in school, the benefits of developing good study habits and the discipline of doing homework. The Alpha Psi Mentor will also reach out to Alpha Psi Alpha Sorors who are teachers to assist in helping with any subject a mentee need help with. Alpha Psi Angels Mentoring Program will always seek for achieve academic success.

Career Counsel:

The focus is to expose and help mentees explore career direction. Activities will have a career development component that may include opportunities for the mentees to visit the Alpha Psi Mentor's workplace, participate in structured career activities and/or deliver guidance with college preparation or post high school assistance.

Personal Development:

As Alpha Psi Mentors, one of the primary tasks is helping mentees develop new or improved competencies. These are the skills, knowledge, and attitudes Alpha Psi (Angel, Rose, and Pearls) need to reach their important career and life goals.

Parental Support:

Involving parents in mentoring services is one of the best things a program can do to ensure its success. With the help of the parents, guardians, and other caregivers work in concert with mentors Alpha Psi Mentoring will be more likely to see positive changes in youth and improved program outcomes.



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Photo Release

I give permission to Alpha Psi Alpha Sorority, Inc., to use or release any photos of my child taken for the purpose of promoting the Sorority and Alpha Psi Angels Mentoring Program.

Parent/Guardian Signature: _____ Date: _____

Release for Medical Treatment

In the event of an emergency and the inability I hereby give permission for Alpha Psi Alpha Sorority, Inc., to authorize any medical treatment or surgery in which a qualified physician or surgeon shall deem necessary for my child.

Parent/Guardian Signature: _____ Date: _____

In case of an emergency, which hospital or urgent care do you prefer to have your child transported?

Hospital/Urgent Care Facility: _____

Primary Care Physician's Name: _____

Parent/Guardian Signature: _____ Date: _____

Parental Acknowledgment

I hereby give permission for my child to participate in Alpha Psi Angels Mentoring Program. I understand that Alpha Psi Alpha Sorority, Inc. and Alpha Psi Angels Mentoring, is not responsible for personal injury 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 information changes.

Parent/Guardian Signature: _____ Date: _____



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Name: (First, Middle, Last)	
Address:	
City, State, Zip Code:	
Email:	
Cell Phone:	
Birth Date:	
Age:	
Grade:	
Parent/Guardian Name:	
Address: <input type="checkbox"/> Same as mentee	
Email:	
Cell Phone:	



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Emergency Contact Information:

Name:		Name:	
Relationship:		Relationship:	
Place Of Employment:		Place of Employment:	
Occupation:		Occupation:	
Cell Phone:		Cell Phone:	
Work Phone:		Work Phone:	

Academic Information:

School Name:	
School Address:	
City, State, Zip:	
Teachers:	



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Application Form

Date _____

Print Name in

Full _____

Age Grade _____ Shirt Size _____

Home

Address _____

Home # _____ Cell # _____

Date of Birth _____

Email Address (required) _____ Graduation

Year _____



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HIGHER EDUCATION ASPIRATIONS

List Colleges/Universities/ Technical Schools you are interested in attending:

What are your career aspirations?

COMMUNITY INVOLVEMENT

List Honors and Outstanding Achievements you have received:

List community organizations which you have been involved:

List any other school activities (varsity athletics, student government, volunteer work, etc.) you have been involved in:

List any hobbies or interests:

Why are you interested in participating in the Alpha Psi Angels Mentoring program?

If you are granted the opportunity to participate in the Alpha Psi Angels Mentoring program, what are your expectations?



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MEDICAL/DISABILITY INFORMATION

Does applicant have a hearing problem? Yes No

If you answered yes, does applicant wear a hearing aid? Yes No

Does applicant have a vision problem? Yes No

If you answered yes, does applicant wear glasses or contacts? Yes No

Has the applicant had a serious illness, injury, or hospitalization in the past year? Yes No

If you answered yes, please describe nature of illness or injury: _____

Please list any medical conditions or allergies the applicant has that we should be aware of:



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PARENTAL ACKNOWLEDGEMENT

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PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

APPLICANT ACKNOWLEDGMENT

I wish to participate in the Alpha Psi Angels Mentoring program. I promise to be careful to prevent damage to any buildings that may be used while participating in activities with the Alpha Psi Angels program. I also agree to obey the rules of the Alpha Psi Angels program, and that at any time I can/will be expelled from the Alpha Psi Angels program for conduct that is detrimental to the program.

APPLICANT SIGNATURE _____ DATE _____

"I HEREBY REPRESENT THAT EACH ANSWER TO A QUESTION HEREIN AND ALL OTHER INFORMATION OTHERWISE FURNISHED IS TRUE AND CORRECT. I FURTHER REPRESENT THAT SUCH ANSWERS AND INFORMATION CONSTITUTE A FULL AND COMPLETE DISCLOSURE OF MY KNOWLEDGE WITH RESPECT TO THE QUESTION OR SUBJECT TO WHICH THE ANSWER OR INFORMATION RELATES. I UNDERSTAND THAT ANY INCORRECT, INCOMPLETE, OR FALSE STATEMENT OR INFORMATION FURNISHED BY ME MAY RESULT IN AUTOMATIC REJECTION. IN THE EVENT THAT I AM APPROVED FOR PARTICIPATION IN THE Alpha Psi Angels Mentoring, I AGREE TO COMPLY WITH ITS RULES AND REGULATIONS. I HEREBY AUTHORIZE MY SPONSORS, REFERENCES, PREVIOUS, AND PRESENT EMPLOYERS TO GIVE ANY INFORMATION REGARDING ME."

APPLICANT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE _____ DATE: _____