



KAPPA ALPHA PSI FRATERNITY, INC.®



Official Application for Membership

FY 2012 - 2013

"Training for Leadership Since 1911"

Full Name _____ Social Security Number _____
 (Last) (First) (Middle) (Numbers Only No Hyphens)

Present Address _____ Telephone Number _____
 (Include City, State, and Zip Code) (10 Digits; No Hyphens)

Permanent Address _____ Telephone Number _____
 (Include City, State, and Zip Code) (10 Digits; No Hyphens)

Date Of Birth _____ Email _____ Business Number _____
 (10 Digits; No Hyphens)

EDUCATION

INSTITUTIONS	Name and Location of School	GPA	Major Field of Study	Degree Awarded	Date Received
HIGH SCHOOL					
COLLEGE					
GRADUATE					

If necessary, additional Education can be listed in "SUPPLEMENTAL INFO", which is Sheet Tab #2 of the electronic application workbook.

Undergraduate Applicant:

Current Classification _____ Number of hours completed _____ Career Choice _____

EMPLOYMENT

Employment Dates From To		Company Name, Address, and Zip Code	Title / Position	Duties	Reason for Leaving

If necessary, additional Employment (Work Experience) can be listed in "SUPPLEMENTAL INFO", which is Sheet Tab #2 of the electronic application workbook.

List any hobbies or interests: _____

GREEK ORGANIZATIONS

Give names and membership numbers of relatives who are members of Kappa Alpha Psi. Designate how they are related (i.e., John Doe - Father):

Give name, how related, and organization of relatives who are members of other Greek Lettered Organizations:

Explain your knowledge of Kappa Alpha Psi Fraternity, Inc. and/or any other Greek Lettered Organizations:

If you are granted the opportunity to become a member of Kappa Alpha Psi Fraternity, Inc., what are your expectations?

Why are you interested in becoming a member of Kappa Alpha Psi Fraternity, Inc.?

CAMPUS INVOLVEMENT

List honors and achievements you have received in college: _____

List campus/service organizations, which you have been involved with, and any offices held within these organizations: _____

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

COMMUNITY & PROFESSIONAL INVOLVEMENT

List any community organizations to which you belong or have volunteered; List responsibilities or offices held: _____

List any professional organizations in which you hold membership and describe your involvement/responsibilities: _____

List community and/or professional honors and recognitions: _____

Additional Community or Professional Involvement Can Be Listed in "SUPPLEMENTAL INFO", which is Sheet Tab #2 of the electronic application workbook

Are you a registered voter? Yes No If **Yes**, please provide a copy of your voter's registration card.

Are you affiliated with an organized religion? Yes No

Have you ever been convicted of a misdemeanor or felony? Yes No If so, complete the following: (Do not include minor traffic violations)

DATE:

OFFENSE:

PLACE:

DISPOSITION:

For consideration into Kappa Alpha Psi Fraternity, Inc. on the alumni level, you must possess at least a Bachelors Degree or the equivalent of such a degree from an accredited college or university. For undergraduate membership, you must at least have a 2.5 GPA on a 4.0 scale to be considered for membership - Academic Eligibility: Per the Constitution & Statutes - The cumulative GPA of a candidate must be at least the equivalent of a 2.5/4.0 or in accordance with the requirements of the school, whichever is higher. Attach a copy of your OFFICIAL (SEALED) transcript to this application. You will need three (3) signed letters of personal reference from members **IN GOOD STANDING** with the fraternity **on all three administrative levels** and two (2) from the community at large. In case of an undergraduate, at least one (1) of the community sponsors must be a faculty member. Name your references below, and attach the original 'signed' letters to this application.

LETTERS OF PERSONAL REFERENCES

Fraternity Sponsor 1: _____
 Current Chapter: _____
 Membership Number: _____
 Mailing Address: _____
 Telephone Number: _____
 Email Address: _____

Community Sponsor: _____
 Organization / Univ: _____
 Title (If Applicable) _____
 Mailing Address: _____
 Telephone Number: _____
 Email Address: _____

Fraternity Sponsor 2: _____
 Current Chapter: _____
 Membership Number: _____
 Mailing Address: _____
 Telephone Number: _____
 Email Address: _____

Community Sponsor: _____
 Organization / Univ: _____
 Title (If Applicable) _____
 Mailing Address: _____
 Telephone Number: _____
 Email Address: _____

Fraternity Sponsor 3: _____
 Current Chapter: _____
 Membership Number: _____
 Mailing Address: _____
 Telephone Number: _____
 Email Address: _____

- ***Reminders (see above):**
- (1) For Undergraduate Applicants, at least one (1) Community Sponsor must be a college/university faculty member.
 - (2) 'Membership Numbers' not 'Life Membership Numbers' are required above and also on 'signed' letters from ALL Fraternity Sponsors.
 - (3) Provide copy of a current Membership Card for ALL Fraternity sponsors
 - (4) Include complete mailing addresses w/ City, State, & Zip Code

(Alumni Candidates Only) - Please explain, in detail, the reason(s) you did not take advantage of becoming a member of Kappa Alpha Psi Fraternity Inc.

while attending college: _____

Have you submitted an application for membership to any chapter(s) of Kappa Alpha Psi Fraternity, Inc. during the past five years? Yes No

If yes, please provide application date(s), name(s), and chapter location(s): _____

Have you ever been affiliated with, ever sought membership in, or ever been initiated into any other Greek letter organization(s)? Yes No
Include all National Pan-Hellenic Council (NPHC) organizations, and also any North-American Interfraternity Conference (NIC) organizations.

If yes, please provide the date(s), location(s), and name of organization(s): _____

"I HEREBY REQUEST THAT SPONSORS, REFERENCES, PREVIOUS AND CURRENT EMPLOYERS CONTACTED BY KAPPA ALPHA PSI IN CONNECTION WITH THIS APPLICATION FULLY RESPOND TO ALL INQUIRIES CONCERNING ME AND SPECIFICALLY WAIVE PRIOR WRITTEN NOTICE OF DISCLOSURE OF INFORMATION PERTAINING TO MY CHARACTER, PERSONNEL RECORD INFORMATION, INCLUDING DISCIPLINARY REPORTS, LETTERS OF REPRIMAND OR OTHER DISCIPLINARY ACTION. IN CONSIDERATION OF THE ACCEPTANCE OF MY APPLICATION, I RELEASE KAPPA ALPHA PSI FRATERNITY, INC. AND SPONSORS, REFERENCES, PREVIOUS AND PRESENT EMPLOYERS OF ANY CLAIMED LIABILITY ARISING OUT OF SUCH RESPONSE AND DISCLOSURE."

"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 MEMBERSHIP IN KAPPA ALPHA PSI FRATERNITY, INC., I AGREE TO COMPLY WITH ITS CONSTITUTION AND STATUTES. I HEREBY AUTHORIZE MY SPONSORS, REFERENCES, PREVIOUS, AND PRESENT EMPLOYERS TO GIVE ANY INFORMATION REGARDING ME."

APPLICANT SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

(REQUIRED IF UNDERGRADUATE CANDIDATE IS 17 YEARS OF AGE OR YOUNGER)