



Alpha Pearls Strands of Elegance Cotillion
Friends for Life Foundation, Inc. in partnership with
Alpha Kappa Alpha Sorority, Incorporated
Phi Phi Omega Chapter

May 14, 2011

RE: **SCHOLARSHIP/COTILLION APPLICATION PACKET**

Dear Student:

You are cordially invited to complete an application to participate in the 2011-2012 Alpha Pearls Strands of Elegance Scholarship Cotillion Program. The cotillion is a leadership development program open to young ladies who are juniors and seniors, located within the North Fulton and Greater Atlanta area. Additionally it is an avenue to bond with other young ladies, as well as establish lifelong friendships. You will enjoy the mentoring and enrichment activities, along with the community service projects. The culminating activity will highlight your debut to society with an elegant Cotillion Affair.

Enclosed you will find the procedures for applying for the Alpha Pearls Strands of Elegance Scholarship Cotillion Program. The requested material is due May 28, 2011 in the enclosed envelope. Please note that there is a non-refundable registration fee of \$550 payable in two installments. The final payment is due by August 1, 2011. Further program information will be provided at a detailed orientation meeting. Upon receiving the completed application packets by the deadline date, the selection committee will contact you to schedule interviews. Interviews will be scheduled during the month of June.

The Alpha Pearls Strands of Elegance Scholarship Cotillion packet contains the following:

- ◆ Application
- ◆ Brochure
- ◆ Transcript Request Form
- ◆ Personal Reference Instructions and Forms

If there are any further questions, please feel free to email us at cotillion@phiphiomega.com or contact Patria Mitchell at 678-643-4960.

Thank you for your interest in the Alpha Pearls Strands of Elegance Scholarship Cotillion Program.

Sincerely,

Patria Mitchell

Patria Mitchell, Cotillion Co-Chairman
Phi Phi Omega, Alpha Kappa Alpha Sorority, Inc.

Sandra D. Kenon

Sandra D. Kenon, CEO
Friends for Life Foundation, Inc.

Kenitra Williams

Kenitra Williams, Cotillion Co-Chairman
Phi Phi Omega, Alpha Kappa Alpha Sorority, Inc.

FRIENDS FOR LIFE FOUNDATION, INC. IN PARTNERSHIP WITH
ALPHA KAPPA ALPHA SORORITY, INCORPORATED

Phi Phi Omega Chapter, Alpharetta GA

*Alpha Pearls
Strands of Elegance
Cotillion*



**SCHOLARSHIP/COTILLION
APPLICATION**

Deadline: May 28, 2011

Friends for Life Foundation, Incorporated
Attn: Cotillion Committee
P.O. Box 2632
Alpharetta, Georgia 30075

Alpha Pearls Stands of Elegance
Cotillion Application
Deadline: May 28, 2011

SECTION I. APPLICANT INFORMATION

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone #: _____ Birthdate: _____

Name of Parent or Legal Guardian: _____

Name of Alpha Kappa Alpha Sponsor: _____
(If applicable)

SECTION II. ADDRESS/CONTACT INFORMATION

Permanent Mailing Address (if different from above): _____
Street

City State Zip

Email Address: _____

Emergency Contact Name & Phone Number: _____

SECTION III. EDUCATION INFORMATION

High School Attending: _____

School Address: _____

Graduation Date: _____

What is your (GPA) Grade Point Average: _____
(2.7 Or higher required)

Name of College Planning to Attend: _____

Field of Study: _____

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SECTION IV. EXTRACURRICULAR ACTIVITIES
(Attach additional sheet if necessary)

Fellowships (School, Clubs, Church Activities, etc)

Academic Honors or Awards Achieved (Leadership positions: High School, Church Groups, etc.)

Community Service Activities

SECTION V. FUTURE PERSONAL GOALS and/or ASPIRATIONS

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SECTION VI. ADDITIONAL INFORMATION

Please attach a one page typewritten essay on ... WHY YOU WOULD LIKE TO BE A PART OF THE "ALPHA PEARLS" COTILLION PROGRAM.

Please read and sign the following:

I understand that this form is only one part of the registration process and that all material required by Friends for Life Foundation Incorporated in partnership with Alpha Kappa Alpha Sorority, Incorporated Phi Phi Omega Chapter must be submitted in order to participate in the program.

Signature of Applicant: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

**All materials are to be returned by the specified due date.
Late and/or incomplete packets will not be considered.**

Please mail application and all materials to:

**Friends for Life Foundation, Incorporated
Attention: Cotillion Committee
P.O. Box 2632
Roswell, Georgia 30075**



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TRANSCRIPT REQUEST FORM

To the Applicant: Complete the information below and return this form to the High School Counselor at your school. Please request that a copy of your transcript be sent to you. When you receive the official sealed and signed transcript, return the copy with your application packet.

Name: _____

Social Security Number: _____ - _____ - _____

Grade Level: _____

Current Mailing Address: _____

Street Address

City

State

Zip Code

Signature of Applicant

Date

Parent/Legal Guardian Signature

Date



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- PERSONAL REFERENCE FORM -
To be completed by May 28th

This form is a confidential document to be filled out by your personal reference and mailed directly to Friends for Life Foundation, Inc. / Cotillion Committee by May 28th.

Name of Debutante _____ Phone Number: _____

Type of Relationship (circle appropriate response(s))

- | | | |
|-----------------------------|----------------|----------------|
| Close Personal Relationship | Sports Contact | Church Contact |
| School Contact | Family Contact | Work Contact |

Please tell us how your relationship with the debutante was formed:

TO THE DEBUTANTE CANDIDATE:

Please provide this personal reference form to someone who knows you very well (e.g. teacher, counselor, employer, minister, etc.) but is not a family member. Please do this as soon as possible so the form is received by the Cotillion Committee prior to the application deadline of **May 28th**. Please follow up with your personal reference before the deadline to make sure your reference form was completed and mailed.

The form is confidential and must be returned by your personal reference. Please affix a stamp to the enclosed addressed envelope and give this to your personal reference so he / she may mail it to the following address:

Friends for Life Foundation, Incorporated
Attn: Cotillion Committee
P.O. Box 2632
Roswell, GA 30075

TO THE PERSONAL REFERENCE:

The debutante candidate has applied for the 2011-2012 Alpha Pearls Strands of Elegance Debutante Program. This reference will be confidential. Please fill out the form on the back and return it to Friends for Life Foundation, Inc. by **May 28th** (see address above). Please place the completed form in the stamped addressed envelope that was provided by the debutante candidate and sign your name across the back seal.

PERSONAL REFERENCE NAME: _____ Date _____
(Please type or print)

Phone number: _____

Signature



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- PERSONAL REFERENCE FORM -
To be completed by May 28th

Debutante candidate name _____

1. What is your relationship to the debutante? _____

2. How long have you known the debutante? _____

3: Please rate the candidate according to the characteristics listed below:

a) Character and personality	Poor	Fair	Good	Excellent	Outstanding
b) Initiative and drive	Poor	Fair	Good	Excellent	Outstanding
c) Interaction with others	Poor	Fair	Good	Excellent	Outstanding
d) Leadership demonstrated	Poor	Fair	Good	Excellent	Outstanding
e) Concern for others	Poor	Fair	Good	Excellent	Outstanding
f) Team Player	Poor	Fair	Good	Excellent	Outstanding

How do you think the debutante candidate will benefit from the Alpha Pearls Debutante Program?

Additional comments:

Thank you for your time and effort. Be assured that the information you supply will be kept in the strictest confidence. If you have any questions please contact Mrs. Mitchell at 678-643-4960 or email us at cotillion@phipiomega.com.