



Alpha Kappa Alpha Sorority, Incorporated®  
Omega Kappa Omega Chapter

## 2026 DEBUTANTE COTILLION PROGRAM APPLICATION

PLEASE INCLUDE A SCHOOL TRANSCRIPT AND  
PROFESSIONAL HEADSHOT TO THE APPLICATION.

Date: \_\_\_\_\_

APPLICANTS MUST HAVE A  
CUMULATIVE GRADE POINT AVERAGE OF 2.5 TO PARTICIPATE.

### Debutante Applicant Information

Full Name: \_\_\_\_\_  
*First Middle Initial Last*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Post-Secondary Education Plans: \_\_\_\_\_

College Major/Minor: \_\_\_\_\_

Hobbies & Talents: \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

### Parent(s)/Guardian(s) Information

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Disclaimer and Signature

Completed application, enrollment verification form, certified community service statement from each organization detailing community service from freshman year to the current year, and two recommendation forms, along with the \$100.00 non refundable fee, must be received (online or by mail) no later than December 15, 2025. All documents should be submitted by email to [omegakappaomega@gmail.com](mailto:omegakappaomega@gmail.com). The \$100 non refundable fee, payable by check or money order only, is applicable to juniors and seniors only and must be received by December 15, 2025. Paper submissions and check or money order payments should be mailed to Omega Kappa Omega, Alpha Kappa Alpha Sorority, Incorporated, P.O. Box 722, Buies Creek, NC 27506. Interviews will begin December 17, 2025.

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Pearls of Purpose Debutante Cotillion is a scholarship fundraiser that supports both participants and the Omega Kappa Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated®. Each participant will be paired with a chapter sponsor to assist with fundraising efforts, and scholarship awards will be determined by the total amount raised. Applications are due December 15, 2025, with interviews beginning the week of December 17, 2025. To participate in the Cotillion Ball, each candidate must raise a minimum of \$2,000. The completed application, enrollment verification form, certified community service statements (from each organization served from freshman year to the present), and two recommendation forms, along with a \$100 non-refundable fee (for juniors and seniors only), must be submitted by December 15, 2025. Participants will have until June 20, 2026, to complete all fundraising requirements, and the Debutante Cotillion Ball will take place on June 27, 2026.



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2026 DEBUTANTE COTILLION PROGRAM RECOMMENDATION FORM  
PEARLS OF PURPOSE 2026

Date: \_\_\_\_\_

**APPLICANT INSTRUCTIONS:** Submit two (2) recommendation forms with application. At least one form must be from a high school counselor, teacher, administrator or staff. The recommendation forms may not be completed by family members.

Applicant's Full Name: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

PLEASE SELECT THE NUMBER WHICH BEST APPLIES TO EACH AREA.

(1-Outstanding      2-Above Average      3-Average      4-Below Average)

- |                                       |                         |                         |                         |                         |
|---------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1. Integrity                          | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 2. Contribution to School & Community | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 3. Character                          | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 4. Relationship with Peers            | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 5. Academic Motivation                | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 6. Positive Attitude                  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 7. Responsibility                     | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |

PLEASE COMMENT BRIEFLY ABOUT THE APPLICANT'S PERSONALITY, CHARACTER, ACADEMIC ASPIRATIONS, CITIZENSHIP, COMMUNITY SERVICE INVOLVEMENT ETC.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

**\*PLEASE RETURN COMPLETED RECOMMENDATION FORM TO APPLICANT FOR SUBMISSION BY DECEMBER 15, 2025\*\***



Alpha Kappa Alpha Sorority, Incorporated® Omega Kappa Omega Chapter  
**2026 DEBUTANTE COTILLION PROGRAM ENROLLMENT  
VERIFICATION FORM  
PEARLS OF PURPOSE 2026**

**\*\*\*Participants must be a resident of Harnett County or attend a Harnett County High School\*\***

**INSTRUCTIONS:** This form is required to participate in the 2026 Debutante Cotillion Program and must be signed by an authorized school official.

**PART I:** Completed by student

**PART II:** Completed by a school official (counselor, registrar, assistant principal, or principal)

**PART I: COMPLETED BY STUDENT**

As a condition to participate in Omega Kappa Omega's Debutante Cotillion Program, I certify that I will be  
**(check one)** \_\_\_\_\_ a junior \_\_\_\_\_ a senior during the 2025-2026 school year at a accredited high school  
or home school.

Student's Full Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II: COMPLETED BY AUTHORIZED SCHOOL OFFICIAL**

Student's Name	Grade
School Name and Address	Telephone
Authorized Signature	Title



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**2026 DEBUTANTE COTILLION PROGRAM ENROLLMENT  
CERTIFIED COMMUNITY SERVICE STATEMENT FORM  
PEARLS OF PURPOSE 2026**

**Applicant's Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Grade Level:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Organization Address:** \_\_\_\_\_

**Supervisor's Name/Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Service Description:**

Please provide a summary of the applicant's community service involvement through this organization from Freshman Year to Current Year. Include specific roles, activities, and impact.

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**Total Community Service Hours Completed:** \_\_\_\_\_

**Verification:** I certify that the information provided above is true and accurately reflects the applicant's service participation with this organization.

**Supervisor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Organization Seal/Stamp (if applicable):** \_\_\_\_\_

**\*\*\*Please return this completed form with the applicant's Cotillion application materials.**