



Alpha Kappa Alpha Sorority, Incorporated®  
Omega Kappa Omega Chapter

## 2027 DEBUTANTE COTILLION PROGRAM APPLICATION

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

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

Date:

### Debutante Applicant Information

|            |                      |           |                      |
|------------|----------------------|-----------|----------------------|
| Full Name: | <input type="text"/> |           |                      |
| Address:   | <input type="text"/> |           |                      |
| City:      | <input type="text"/> | State:    | <input type="text"/> |
|            |                      | ZIP Code: | <input type="text"/> |
| Phone:     | <input type="text"/> | Email:    | <input type="text"/> |

### Education

|                                 |                      |              |                      |
|---------------------------------|----------------------|--------------|----------------------|
| High School:                    | <input type="text"/> | Grade Level: | <input type="text"/> |
| Post-Secondary Education Plans: | <input type="text"/> |              |                      |
| College Major/Minor:            | <input type="text"/> |              |                      |
| Hobbies & Talents:              | <input type="text"/> |              |                      |
| Extracurricular Activities:     | <input type="text"/> |              |                      |

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

|            |                      |               |                      |
|------------|----------------------|---------------|----------------------|
| Full Name: | <input type="text"/> | Relationship: | <input type="text"/> |
| Email:     | <input type="text"/> | Phone:        | <input type="text"/> |
| Address:   | <input type="text"/> |               |                      |
| Full Name: | <input type="text"/> | Relationship: | <input type="text"/> |
| Email:     | <input type="text"/> | Phone:        | <input type="text"/> |
| Address:   | <input type="text"/> |               |                      |

### 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, two recommendation forms, school transcript, and professional headshot must be submitted through the 2027 Cotillion online application no later than October 15, 2026. The \$100 non-refundable fee for juniors and seniors must also be paid online using the payment button on the Cotillion webpage by October 15, 2026. Applicants who need a paper submission option should contact Omega Kappa Omega at [omegakappaomega@gmail.com](mailto:omegakappaomega@gmail.com) before the deadline. Interviews will begin October 20, 2026.

|                            |                      |       |                      |
|----------------------------|----------------------|-------|----------------------|
| Candidate Signature:       | <input type="text"/> | Date: | <input type="text"/> |
| Parent/Guardian Signature: | <input type="text"/> | Date: | <input type="text"/> |

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 October 15, 2026, with interviews beginning October 20, 2026. To participate in the Cotillion Ball, each candidate must raise a minimum of \$2,000. The completed application and all required supporting materials must be submitted through the online application by October 15, 2026. Participants will have until June 19, 2027, to complete all fundraising requirements, and the Debutante Cotillion Ball will take place on June 26, 2027.



Alpha Kappa Alpha Sorority, Incorporated®  
Omega Kappa Omega Chapter

2027 DEBUTANTE COTILLION PROGRAM  
RECOMMENDATION FORM

PEARLS OF PURPOSE 2027

**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 | 2 | 3 | 4 |
| 2. Contribution to School & Community | 1 | 2 | 3 | 4 |
| 3. Character                          | 1 | 2 | 3 | 4 |
| 4. Relationship with Peers            | 1 | 2 | 3 | 4 |
| 5. Academic Motivation                | 1 | 2 | 3 | 4 |
| 6. Positive Attitude                  | 1 | 2 | 3 | 4 |
| 7. Responsibility                     | 1 | 2 | 3 | 4 |

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

Print Name

Title

Signature

Date:

PLEASE RETURN COMPLETED RECOMMENDATION FORM TO APPLICANT FOR UPLOAD WITH THE APPLICATION BY OCTOBER 15, 2026.



Alpha Kappa Alpha Sorority, Incorporated®  
Omega Kappa Omega Chapter

2027 DEBUTANTE COTILLION PROGRAM  
RECOMMENDATION FORM

PEARLS OF PURPOSE 2027

**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 | 2 | 3 | 4 |
| 2. Contribution to School & Community | 1 | 2 | 3 | 4 |
| 3. Character                          | 1 | 2 | 3 | 4 |
| 4. Relationship with Peers            | 1 | 2 | 3 | 4 |
| 5. Academic Motivation                | 1 | 2 | 3 | 4 |
| 6. Positive Attitude                  | 1 | 2 | 3 | 4 |
| 7. Responsibility                     | 1 | 2 | 3 | 4 |

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

Print Name

Title

Signature

Date:

PLEASE RETURN COMPLETED RECOMMENDATION FORM TO APPLICANT FOR UPLOAD WITH THE APPLICATION BY OCTOBER 15, 2026.



Alpha Kappa Alpha Sorority, Incorporated®  
Omega Kappa Omega Chapter

2027 DEBUTANTE COTILLION PROGRAM ENROLLMENT  
VERIFICATION FORM  
PEARLS OF PURPOSE 2027

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

**INSTRUCTIONS:** This form is required to participate in the 2027 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 or a senior during the 2026-2027 school year at an accredited high school or home school.

☐ a junior

☐ a senior

Student's Full Name:

Student ID #:

Student's Signature:

Date:

Parent/Guardian Signature:

Date:

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

I certify that the student named above is enrolled in this school and this student will be a junior or a senior during  
the 2026-2027 school year.

Student's Name

Grade

|  |  |
|--|--|
|  |  |
|--|--|

School Name and Address

Telephone

|  |  |
|--|--|
|  |  |
|--|--|

Authorized Signature

Title

|  |  |
|--|--|
|  |  |
|--|--|



**Alpha Kappa Alpha Sorority, Incorporated®**  
**Omega Kappa Omega Chapter**  
**2027 DEBUTANTE COTILLION PROGRAM ENROLLMENT**  
**CERTIFIED COMMUNITY SERVICE STATEMENT FORM**

**PEARLS OF PURPOSE 2027**

**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.

**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):**



**Alpha Kappa Alpha Sorority, Incorporated®**  
**Omega Kappa Omega Chapter**

**2027 DEBUTANTE COTILLION PROGRAM**  
**APPLICATION SUBMISSION CHECKLIST**

**PEARLS OF PURPOSE 2027**

**Use this checklist before submitting your application online. All required materials and the application fee must be submitted by October 15, 2026.**

**REQUIRED APPLICATION MATERIALS**

- ☐ Completed 2027 Debutante Cotillion Program Application
- ☐ Enrollment Verification Form signed by an authorized school official
- ☐ Certified Community Service Statement from EACH organization served from freshman year to the current year
- ☐ Two (2) completed Recommendation Forms
- ☐ School transcript
- ☐ Professional headshot
- ☐ \$100 non-refundable fee for juniors and seniors only

**SUBMISSION DETAILS**

Primary submission: Complete the 2027 Cotillion application online.

Deadline: October 15, 2026

Uploads: Submit all required supporting documents and professional headshot with the online application.

Application fee: \$100 non-refundable fee for juniors and seniors; pay online using the payment button on the Cotillion webpage.

Paper option: Contact [omegakappaomega@gmail.com](mailto:omegakappaomega@gmail.com) before the deadline if a paper submission is needed.

Interviews begin: October 20, 2026

**PROGRAM REQUIREMENTS / KEY DATES**

Minimum fundraising requirement to participate in the Cotillion Ball: \$2,000

Fundraising completion deadline: June 19, 2027

Debutante Cotillion Ball: June 26, 2027