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.