

Graduate Legacy Guidelines

Guidelines for the completion and submission of the *Graduate Legacy Form* are specified below. An applicant for membership under the legacy provision is not voted upon; however, she must meet all requirements for membership.

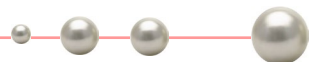
1. A family member soror may obtain a *Graduate Legacy Form* from her chapter Basileus. A graduate candidate who is the daughter, adopted daughter, stepdaughter, granddaughter, or legal ward* of an active or deceased soror is considered a legacy candidate. The living family-member Soror must have been active at least four (4) years, 48-consecutive months, immediately preceding the presentation of the recommendation for the legacy candidate.

**For Alpha Kappa Alpha Sorority, Incorporated®, a legal ward is defined as one whose permanent care, control and custody legally have been placed with a soror by an appropriate court of law. Candidate must provide court documentation that reflects she is a legal ward. (Constitution and Bylaws, Article IV, Section 31)*

2. The *Graduate Legacy Form* should be completed and signed by the sponsor, family member soror and her chapter officers if she is a chapter member. If the family member soror is deceased, the legacy candidate completes her family member's section and only the sponsoring Soror signs the form. *Falsification of any information on the Graduate Legacy Form provided by the family member soror and/or sponsoring soror makes her subject to penalties, which may include expulsion. Further, if it is determined by the Corporate Office that any information provided on the form is false, the applicant will not be approved for membership.*

Per Article IV, Section 40 of the *Constitution and Bylaws*, **Any soror determined to have been ineligible for membership following her initiation into Alpha Kappa Alpha Sorority, Incorporated®, because of the revelation or submission of fraudulent information or documents, shall on the recommendation of the Regional Director, and by majority vote of the Directorate, have her membership revoked until the next Boule at which time a vote on expulsion will be taken.**

3. The *Graduate Legacy Form* is accompanied by two (2) recommendation letters and one (1) *Sponsor and Co-Sponsor (letter writer) Membership Recommendation Form*.
4. It shall be the responsibility of the Corporate Office staff to verify information listed on the *Graduate Legacy Form*. If any information is unverifiable, the Corporate Office may request additional information for the family-member Soror within a specified time.
5. The Corporate Office notifies the Regional Director, who shall notify the chapter, of the action taken on a *Graduate Legacy Form* submission. The chapter notifies a legacy applicant on the status of her application when other prospective candidates receive notification about their membership eligibility.



Graduate Legacy Form

Instructions: This form **must be typed**, completed by the living family member Soror and attached to the Alpha Kappa Alpha Sorority, Inc.® *Sponsor/Co-Sponsor Membership Recommendation Form*. Article IV, Section 31 of the *Constitution and Bylaws* states, *The legacy candidate must meet all qualifications required for graduate membership. The prospective legacy will not be subject to a vote by the chapter. If a family member is deceased, the candidate completes her family member's section and sponsor signs in the appropriate space below.*

Part A – Prospective Legacy Candidate

<hr/> Last name	<hr/> Legal first name	<hr/> Middle	<hr/> Chapter of interest
<hr/> Degree achieved	<hr/> Cum. GPA		
<hr/> Sponsor Last name	<hr/> Sponsor Legal first name	<hr/> Financial No.	

Part B – Family Member Soror – Article IV, Section 31 of the *Constitution and Bylaws* states, *The living family-member soror must have been active for at least four (4) years immediately preceding the presentation of the recommendation for the Legacy Candidate. Per capita fees paid or submitted after the deadline interrupts 48-consecutive months of financial activity. (Please confirm legacy eligibility with the Corporate Office prior to submitting legacy form.)*

Legacy relationship: **Daughter/Stepdaughter/Adopted Daughter/Granddaughter/ Legal Ward**

Is family member soror living? Yes No

<hr/> Last name	<hr/> Legal first name	<hr/> Financial No.
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List any other names: _____

<hr/> Home Address	<hr/> City, State, ZIP	<hr/> Phone
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<hr/> Current Chapter/General Membership	<hr/> Initiation chapter	<hr/> Initiation year
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I affirm the information provided on this form is true and correct. I understand falsification of any information on this form is subject to expulsion of the legacy candidate as well as my membership in Alpha Kappa Alpha Sorority, Inc.®

Sponsor signature: _____

This section is only for a living family member Soror.

Part C – Commitment and Affirmation Statement – What responsibility, action or resources will you provide to this legacy candidate to ensure an active, lifelong commitment to Alpha Kappa Alpha Sorority, Incorporated® and adherence to the Sorority's Anti-Hazing Policy?

I affirm that the information provided on this form is true and correct. I understand falsification of any information on this form is subject to expulsion of the legacy candidate as well as my membership in Alpha Kappa Alpha Sorority, Inc.®

Signature: _____ Date: _____

Basileus signature: _____ Date: _____

Grammateus signature: _____ Date: _____

For Corporate Office Use: Deceased membership Approved Denied

