

Applicant Pre-Rush Instruction Checklist

Thank you for considering membership with Alpha Kappa Alpha Sorority, Inc.® You must have a minimum C+ semester and cumulative average, creditably completed full-time hours (i.e., earned 12+ hours towards degree) the semester/quarter immediately preceding Rush and must be currently enrolled 12+ hours at the college or university affiliated with the chapter. Please review the checklist below to ensure you have all items listed prior to the official Rush. Failure to attend Rush or submit required documentation will eliminate you from membership consideration.

ALL FORMS MUST BE TYPED AND REQUIRE YOUR LEGAL NAME

☐	Official Transcript – printed within current semester/quarter Order an official transcript and have it sent directly to the Graduate Advisor prior to Rush. If you request an official electronic transcript, the Graduate Advisor must receive email instructions to download the electronic transcript directly from the Registrar Office or Parchment Company. Note: You must have all grade or schedule changes on the official transcript prior to Rush.
☐	Enrollment Verification – printed <u>after</u> the start of current semester/quarter Request a letter from the Registrar Office or National Student Clearinghouse – must reflect enrollment hours and full-time status.
☐	Undergraduate Legacy Form – Legacy Applicants only Applicant, family member soror and chapter officers must complete and sign the designated areas of the form.* *Chapter officer signatures are not required on the form if family member soror is a General Member or deceased.
☐	Undergraduate Membership Interest Application – <u>Legal</u> names are required when completing and signing the form Review each section of the application to ensure you answer all questions, provide a response where it indicates there must be a response or not applicable (N/A), and obtain signatures and dates where required. (Only DocuSign, Adobe electronic signatures or scanned original signatures are accepted.)
☐	Evidence of Community and Campus Involvement (ECCI) Form Community or campus involvement activity must be within the last two (2) years and the supervisor must sign it. (A maximum of three [3] forms are permitted.)
☐	Two Letters of Recommendation – typed (official letterhead preferred) Must include a date, writer's full name, address, official handwritten signature and applicant's name in the body of the letter. Suggested letter writers are teachers, administrators, professors, employers, or graduate members of Alpha Kappa Alpha Sorority, Inc.® (Undergraduate members cannot write reference letters for prospective candidates.)
☐	Interest Letter – business format and should not exceed one page Letter must contain a date, legal name, current address, email address, and signature. Your letter should express the purpose of Alpha Kappa Alpha Sorority, Inc.®, in your own words, and your community involvement. Also, highlight any talents that you can contribute to ensure Alpha Kappa Alpha maintains its status as a premier Greek-lettered organization for college-trained women, and why the chapter should consider you for membership.



Alpha Kappa Alpha Sorority, Incorporated® Undergraduate Membership Interest Application

Chapter Information

Chapter of interest: _____

College or University: _____ City and State: _____

Personal Information – LEGAL NAME REQUIRED

First name: _____ Middle Initial: _____ Last name: _____

Any other names (if none, must list N/A): _____

Permanent Address: _____

City and State: _____ ZIP: _____ Country: _____

Email: _____ Phone (include area code): _____

Dorm/off-campus address: _____

City and State: _____ ZIP: _____ Country: _____

College or university classification (select one): Freshman _____ Sophomore _____ Junior _____ Senior _____

Degree(s) previously earned – if none, list N/A in this section

Degree type: _____ College/University: _____

Date conferred: _____

Emergency Contact Information – REQUIRED

Name: _____ Relationship: _____ Phone: _____

Alternate Phone: _____ Email: _____

Affirmation Statement

In this *Undergraduate Membership Interest Application* (the “Application”) Alpha Kappa Alpha Sorority, Incorporated® is sometimes referred to as “AKA” or “Alpha Kappa Alpha Sorority”.

1. Have you received and read the *General Information for the Collegian* brochure? Yes _____ No _____
2. Have you been a member of a sorority which belongs to the National Pan-Hellenic Council (NPHC) or National Panhellenic Conference (NPC)? Yes _____ No _____

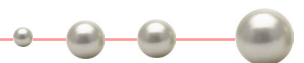
If you answered **Yes**, please list the sorority/sororities and your initiation date(s) below.

Sorority: _____ Initiation date: _____

Sorority: _____ Initiation date: _____

Sorority: _____ Initiation date: _____

Applicant initials: _____





Alpha Kappa Alpha Sorority, Incorporated® Undergraduate Membership Interest Application

Affirmation Statement – continued

3. Have you previously **applied for membership into, started a membership process, or pledged with** a sorority that belongs to the National Pan-Hellenic Council (NPHC) (**includes Alpha Kappa Alpha Sorority**) or National Panhellenic Conference (NPC)?

Yes ____ No ____

If you answered **Yes**, name the Sorority/Sororities, and explain why you rescinded your application, withdrew your interest, or discontinued the process with that sorority/sororities.

Sorority: _____ Year: _____ College or university: _____

Sorority: _____ Year: _____ College or university: _____

AKA Chapter: _____ Year: _____ AKA Chapter: _____ Year: _____

Explanation: _____

4. Have you read and do you understand Alpha Kappa Alpha Sorority's Anti-Hazing Policy?

Yes ____ No ____

5. Have you ever participated in or been accused of hazing as it relates to Alpha Kappa Alpha Sorority, Incorporated®?

Yes ____ No ____

If you answered **Yes**, please explain: _____

6. Have you ever participated in or been accused of hazing as it relates to any organization?

Yes ____ No ____

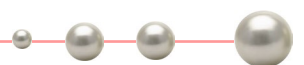
If you answered **Yes**, please explain: _____

7. Are you listed on any websites or social media accounts in a personal or professional manner? (i.e., Facebook, Snapchat, Twitter, Instagram, etc.)

Yes ____ No ____

If **Yes**, provide the links or social media platforms **and** profile name(s):

Applicant initials: _____





Alpha Kappa Alpha Sorority, Incorporated® ***Undergraduate Membership Interest Application***

BACKGROUND CHECK

I understand that as part of the Application Process and/or Membership Intake Process, Alpha Kappa Alpha Sorority, Incorporated® will conduct a background check on me. I acknowledge I will be responsible for the cost associated with obtaining a background check on me. I understand that consistent with applicable federal, state, and local laws, my report may include, but not be limited to, information on convictions and/or pending prosecutions.

I understand that Alpha Kappa Alpha Sorority, Incorporated® may utilize an outside firm or firms to conduct the background search and to assist in checking such information. By submitting this Application, I specifically authorize such an assessment by information services and outside entities of Alpha Kappa Alpha Sorority, Incorporated's choice.

I hereby release and hold harmless Alpha Kappa Alpha Sorority, Incorporated® from any and all liability with respect to receipt of such information and acknowledge that Alpha Kappa Alpha Sorority, Incorporated® is relying on third-party information and, therefore, release Alpha Kappa Alpha Sorority, Incorporated®, its affiliates, regions, chapters, and their respective agents, officers, and employees from any and all liability arising out of errors or omissions.

I understand it is the responsibility of all those applying to correct and update negative or conflicting information found on their Background Check and that there is no appeal process.

I also understand that I may withhold my permission to a background check by not submitting this Application. In such a case, no investigation will be done and my application for membership in Alpha Kappa Alpha Sorority will not be further processed.

ANTI-HAZING POLICY

Alpha Kappa Alpha Sorority, Incorporated® has a strict policy against hazing. Hazing is defined as an act or series of acts that may include, but are not limited to: attending unauthorized rush meetings or sessions; removing garments; eating or drinking anything given to you as a requirement for membership in Alpha Kappa Alpha Sorority, Incorporated®; being subjected to any form of verbal, physical or mental harassment, intimidation or disgrace; "underground hazing," "financial hazing," "pre-pledging" or "post-initiation pledging." Alpha Kappa Alpha Sorority, Incorporated® requires that those interested in membership in Alpha Kappa Alpha Sorority support Alpha Kappa Alpha Sorority's policy against hazing, harassment and/or humiliation of any kind.

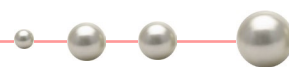
I acknowledge that I have read, understand and will abide by the policy of Alpha Kappa Alpha Sorority, Incorporated® which forbids hazing.

I (and my parent(s) or guardian(s) for candidates under the age of twenty-one (21)) further agree to indemnify and/or hold harmless Alpha Kappa Alpha Sorority, Incorporated®, its affiliates, regions, chapters, and their respective agents, officers, and employees for any and all acts of hazing in which I participate and which results or may result in harm to me or anyone else from this day forward in perpetuity.

AGREEMENT TO ARBITRATE

I understand and agree that any grievances and all disputes regarding the Application Process and the Membership Intake Process should be promptly referred to the Regional Director for investigation and resolution. I understand and agree that all grievances and disputes of an applicant or candidate that cannot be resolved within Alpha Kappa Alpha Sorority, Incorporated® will be referred to arbitration including claims for personal injury, claims for damages to property, or disputes of any nature that cannot be resolved within Alpha Kappa Alpha Sorority, Incorporated®, including those arising from the Application Process and/or the Membership Intake Process.

Applicant initials: _____





Alpha Kappa Alpha Sorority, Incorporated® Undergraduate Membership Interest Application

I specifically agree to follow all of the rules, regulations, and guidelines relating to the Application Process and the Membership Intake Process. I further agree to promptly report in writing to the Regional Director any infractions and violations of the rules, regulations, and guidelines relating to the Application Process and as applicable the Membership Intake Process. I acknowledge that Alpha Kappa Alpha Sorority, Incorporated® is an international organization with entities located throughout the United States of America and abroad. I recognize by signing this Application I agree to the foregoing matters. I understand that this agreement has an effect on interstate commerce and is subject to the Federal Arbitration Act. I and my heirs and assigns, and Alpha Kappa Alpha Sorority, Incorporated®, its officers, employees, agents, affiliates, chapters and members, agree that any and all disputes, conflicts, claims, and/or causes of action of any kind whatsoever, including but not limited to: contract claims, personal injury claims, bodily injury claims, injury to character claims, and property damage claims arising out of or relating in any manner whatsoever to the Application, the Application Process, the Membership Intake Process and to membership in Alpha Kappa Alpha Sorority, Incorporated® shall be subject to and resolved by compulsory and binding arbitration under the Federal Arbitration Act, 9 U.S.C. Section 1, et seq., and the commercial rules of the American Arbitration Association or such other dispute resolution provider selected by Alpha Kappa Alpha Sorority in its sole discretion.

NON-DISCLOSURE AGREEMENT

This non-disclosure agreement is made between Alpha Kappa Alpha Sorority, Incorporated® and the undersigned candidate.

A. I am desirous of joining and becoming a member of Alpha Kappa Alpha Sorority and enjoying all rights, benefits and privileges of said membership including all intangible value derived from the Application Process and as applicable the Membership Intake Process, and I further represent that I have the full right, power and authority to enter into this Agreement.

B. I acknowledge that as part of the Application Process and/or the Membership Intake Process, I may obtain access to certain information concerning the Alpha Kappa Alpha Sorority, including, but not limited to, the Alpha Kappa Alpha Sorority's rituals, policies, operational and/or local practices and information about Alpha Kappa Alpha Sorority members, officers or directors ("Representatives") which is confidential and of substantial value to Alpha Kappa Alpha Sorority ("Confidential Information"). I acknowledge Alpha Kappa Alpha Sorority would be harmed if such Confidential Information were disclosed to a third party.

C. In exchange for the value and benefits made available to me through the Application Process and, if applicable the Membership Intake Process and other good and valuable consideration the receipt of which is hereby acknowledged, I agree that I will not use in any way for my own account or the account of any third party, nor disclose to any third party any such Confidential Information without the express written consent of Alpha Kappa Alpha Sorority's Executive Director. I further agree to protect the Confidential Information of Alpha Kappa Alpha Sorority against any unauthorized use, publication and disclosure as I would protect my own confidential information. My undertakings in this Paragraph C apply to all Confidential Information disclosed to me by Alpha Kappa Alpha Sorority or any Representatives thereof or that I learn as part of the Application Process and the Membership Intake Process, regardless of the way or form in which it is communicated or disclosed, including orally, electronically, and/or otherwise in writing. Confidential Information does not include any information which a) is or in the future comes into the public domain (unless as a result of the breach of this Agreement); or b) is already known to me and which was not subject to any obligation of confidence before it was disclosed to me by Alpha Kappa Alpha Sorority, or (c) I lawfully acquired from any third parties having no obligation of confidentiality. Nothing in this Agreement will prevent me from making any disclosure of the Confidential Information required by law. My undertakings in this non-disclosure agreement will continue in force indefinitely.

Applicant initials: _____



Alpha Kappa Alpha Sorority, Incorporated® **Undergraduate Membership Interest Application**

D. Except for the limited right to possess and use Confidential Information in furtherance of Alpha Kappa Alpha Sorority and the Application Process and the Membership Intake Process, I shall not acquire or claim any personal right, title and interest in or to any Confidential Information, and any subsequent disclosure of Confidential Information, shall not be construed as granting me any license, express or implied, title or interest in or to any Confidential Information.

E. In the event that I breach any provision of this non-disclosure agreement, I acknowledge that a remedy at law would be inadequate to sufficiently protect Alpha Kappa Alpha Sorority's interest in safeguarding its Confidential Information and, further, that Alpha Kappa Alpha Sorority shall be entitled to an injunction restraining any further breaches, in addition to any other remedy provided by law. In addition, I agree to pay any and all reasonable costs and expenses, including attorneys' fees, incurred by Alpha Kappa Alpha Sorority in enforcing this non-disclosure agreement. Upon Alpha Kappa Alpha Sorority's request, I will return to Alpha Kappa Alpha Sorority all copies and records which contain or reflect Confidential Information and upon request from the Alpha Kappa Alpha Sorority, I will not retain any copies or records bearing any Confidential Information.

F. Any waiver or delay by the Alpha Kappa Alpha Sorority with regard to enforcement of any breach of any provision of this non-disclosure agreement shall not operate as or be deemed a waiver of any subsequent breach, nor shall any single or partial exercise of any right, power or privilege hereunder preclude any other or further exercise thereof. This non-disclosure agreement shall not be construed as creating any joint venture, partnership, employment or other joint relationship between the parties. If any term or provision of this non-disclosure agreement is held or deemed to be invalid or unenforceable, such term or provision shall be ineffective to the extent of such invalidity or unenforceability only, and the remaining terms and provisions of this non-disclosure agreement shall continue in full force and effect. This non-disclosure agreement shall not be amended, modified or canceled except by mutual agreement of the parties in writing. This non-disclosure agreement shall be construed by and governed in accordance with the laws of the State of Illinois and any disputes between the parties regarding this non-disclosure agreement shall be adjudicated in an appropriate court located in the State of Illinois. Alpha Kappa Alpha Sorority and the undersigned candidate hereby represent and warrant to each other that it is not a party to any other agreement in conflict with this non-disclosure agreement.

CONFIRMATION

By signing this Undergraduate Membership Interest Application which includes the Affirmation Statement, Background Check, Anti-Hazing Policy, Agreement to Arbitrate, Non-Disclosure Agreement and Evidence of Community/Campus Involvement, you verify that you are voluntarily signing this Undergraduate Membership Interest Application, have carefully read, understand and agree to all of the terms and conditions set forth in this Undergraduate Membership Interest Application and that all of the information you have provided is true and correct. This Undergraduate Membership Interest Application constitutes the entire agreement between you and Alpha Kappa Alpha Sorority with respect to the subject matter contemplated herein. You understand that at any time, Alpha Kappa Alpha Sorority, Incorporated® can rescind any rights or privileges to a candidate based on the submission of false information or documents. As used in this Application, the term "Application Process" means the process of completing, signing and submitting this Application to Alpha Kappa Alpha Sorority and Alpha Kappa Alpha Sorority's review and acceptance or rejection of the Application. As used in this Application, the term "Membership Intake Process" means the initiation process that begins only if favorably accepted.

Candidate's signature*: _____ **Date of birth:** _____

Date: _____

*The candidate is sometimes referred to in this Application as "I", "me", "my" or "you" or "your"

Parent or Legal guardian's name:** _____

Signature: _____ **Date:** _____

A parent or legal guardian signature is required for anyone under 21 and unmarried. **If you are under 21 and married, select Yes ____



Alpha Kappa Alpha Sorority, Incorporated®

Evidence of Community and Campus Involvement (ECCI) Form

All applicants must submit at least one (1) ECCI Form, but not to exceed three (3) forms, for membership consideration into Alpha Kappa Alpha Sorority, Incorporated®. Please record all information about your involvement in a community or campus activity within the last two (2) years in the sections below; additional documentation is not reviewed. **This form requires signatures and activity dates. (Put current as the end date if you are still involved with activity or program.)**

Name of community service activity or program: _____

Location: _____

Start date (mm/yy): _____ End date (mm/yy): _____

Approximate hours completed (**required**): _____

Goal of community service activity or program:

Population(s) served:

Youth ____ Adults ____ Seniors ____ College students ____ Other (specify) _____

Describe your specific involvement with the activity or program:

How did the activity or program positively impact the population served?

Did you meet the goal of the activity or program? Please explain.

How did your involvement with this activity or program affect you?

Applicant initials: _____

Supervisor's name: _____ **Title:** _____

Email: _____ Phone: _____

Signature: _____ **Date:** _____

CHAPTER USE ONLY – Chapter officers below must review form and sign

Basileus: _____ Membership Chairman: _____ Graduate Advisor: _____

