



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?

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

Email: _____ Phone: _____

Signature: _____ **Date:** _____

Applicant initials: _____

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

Basileus: _____ Membership Chairman: _____ Graduate Advisor _____