



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

2024 DEBUTANTE COTILLION PROGRAM RECOMMENDATION FORM

Date: _____

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?	
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In what capacity have you known the applicant?

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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, ETC.

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Print Name	Title	Signature

Please return completed recommendation form to applicant for submission by January 15, 2024.