

Exquisite P.E.A.R.L.S.

Application Packet

2017-2018



Pushing Excellence And Raising Leaders to Succeed



Sponsored by  
Alpha Kappa Alpha Sorority, Incorporated®  
Psi Alpha Omega Chapter

## Exquisite P.E.A.R.L.S. 2017-2018

The Exquisite P.E.A.R.L.S. Mentoring Program is an initiative of Alpha Kappa Alpha Sorority, Incorporated® Psi Alpha Omega Chapter with emphasis on leadership development among young ladies in grades 9, 10, and 11. During the 2017-2018 program mentees will explore the following five AKAdemies: (1) Educational Enrichment, (2) Fiscal Responsibility, (3) Personal Image & Branding; (4) Real Relationships, (5) Civic Engagement (locally & globally). The program will consist of robust learning sessions, community service projects, a college tour(s), cultural activities, etc.

The 2017-2018 Exquisite P.E.A.R.L.S. Mentoring Program sessions will occur primarily on the second Saturday of each month (August – May) from 9:00 am to 12:00 pm. There will be occasions when our planned activity or academic calendar dictates that we change the date and/or time. When this occurs, mentees and parents will be notified as soon as possible. The participation fee for this year is \$100 payable in two \$50 installments (August session and September session) upon acceptance into the program.

To be considered for participation in the 2017-2018 program, the items listed below must be completed and received by Psi Alpha Omega on or before July 1<sup>st</sup>. You may mail (regular mail only - no signature required) a hard copy of the renewal packet to P.O. Box 2626 Stockbridge, GA 30281 or email a scanned copy to the Exquisite P.E.A.R.L.S. Chairman, Mo Grant Scott, at [mograntaka@gmail.com](mailto:mograntaka@gmail.com). ***Note: Late packets or incomplete packets (unsigned forms, incomplete forms or missing requirements) will render the application process null and void and prevent the applicant from being considered.***

- signed mentee contact information form
- signed parental contact information, consent, and liability release
- signed statement of understanding (student and parent)
- completed interest questionnaire
- signed personal (family, friend, mentor) recommendation form
- signed non-personal (teacher, counselor, administrator, coach, civic, religious) recommendation form
- copy of most recent report card

An application review will be conducted by the Exquisite P.E.A.R.L.S. Mentoring Program leadership team which includes the Chairman, Co-Chairman, and Grade Level Coordinators. Assistance for the leadership team may be provided by the Chapter President and Vice President. The team will review your interest questionnaire, recommendation forms, and report card. You will be notified of the leadership team's decision via email by July 29<sup>th</sup>. Should you be accepted the email will contain information about the first session on August 12<sup>th</sup>.

## Mentee Information & Contact

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_ August 2017 Grade Level: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Mentee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parental Information, Consent, and Liability Release

Parental Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

I, \_\_\_\_\_, assert that I am the legal guardian of the minor named above. I request that the above-named minor be permitted to participate in the 2017-2018 Exquisite P.E.A.R.L.S. mentoring program. I give consent for her to participate in all Exquisite P.E.A.R.L.S. Mentoring Program activities; including all organized activities, confidential fireside chats, community service activities, transportation, etc. I consent for her to be photographed and the image(s) published and/or used as deemed appropriate by Alpha Kappa Alpha Sorority, Incorporated® Psi Alpha Omega Chapter.

In the event of an emergency, I hereby give permission to transport the minor named above to a hospital for emergency medical treatment. If I am unable to be reached at the contact number listed on this page, please contact \_\_\_\_\_ at \_\_\_\_\_.

In consideration of the advantages of participation in the Exquisite P.E.A.R.L.S. Mentoring Program, I agree that the Alpha Kappa Alpha Sorority, Incorporated® and Psi Alpha Omega along with its members, volunteers, and designees shall be released and exempt from any liability for damages for any injury, loss, or damage that may occur because of my child's participation in the Exquisite P.E.A.R.L.S. mentoring program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Statement of Understanding

**Major infractions** will result in an immediate required meeting to discuss the infraction. The Exquisite P.E.A.R.L.S. mentee, their parent, and other involved parties will be required to attend and it may result in immediate removal from the program.

- Use or possession of a controlled substance
- Use or possession of tobacco products
- Use or possession of a weapon or any items that could be considered a weapon
- Threats (implied or direct); physical or verbal abuse; or use of profane language
- Lying or stealing
- Disrespect of the Exquisite P.E.A.R.L.S. Leadership Team or its designees

**Minor infractions** such as failure to abide by the dress code, unexcused absences, or any action which disrupts the event or negatively impacts the Exquisite P.E.A.R.L.S. Mentoring Program will be handled as follows:

- First Offense: Mentee will be provided an opportunity to explain (due process) and will receive an email coaching about the improper behavior.
- Second Offense: Mentee will be provided an opportunity to explain and will receive an email coaching about the improper behavior with the parent copied.
- Third Offense: Participant will be removed from the Exquisite P.E.A.R.L.S. program. The participant's parent/guardian/sponsor will be notified via phone or in-person conference.

To ensure that participants will derive maximum benefits from their experiences, it is imperative that they honor the following program rules and guidelines as attested by the required signatures:

I, \_\_\_\_\_, as a participant in the Exquisite P.E.A.R.L.S. Mentoring Program

- will be respectful, follow instructions, be cooperative, and fully participate in all activities.
- will maintain high moral and ethical standards at all times.
- will adhere to the appropriate dress code as defined by the Exquisite P.E.A.R.L.S. leadership team.
- understand that my behavior must always reflect favorably upon Alpha Kappa Alpha Sorority, Incorporated® Psi Alpha Omega.
- understand that if I violate any of the regulations of the Exquisite P.E.A.R.L.S. mentoring program the Exquisite P.E.A.R.L.S. leadership team may immediately terminate my participation.
- have read and understand the above regulations, and I understand the consequence(s) should an infraction occur.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As the parent of the above-named mentee, have read and accept the Exquisite P.E.A.R.L.S. Mentoring Program statement of understanding. I further accept that all decisions by the Exquisite P.E.A.R.L.S. Mentoring Program leadership team are final and should my child be removed from the program, voluntarily or involuntarily, I am not entitled to a refund of any portion of fees.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Interest Questionnaire

Why would you like to participate in the Exquisite P.E.A.R.L.S. mentoring program? \_\_\_\_\_

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Have you previously participated in a mentoring program? \_\_\_\_\_ If yes, when and where? \_\_\_\_\_

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What are four words that best describe you? \_\_\_\_\_

What is your greatest strength? \_\_\_\_\_

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Is there anything you believe you could improve about yourself? \_\_\_\_\_ If yes, what? \_\_\_\_\_

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What do you do in your spare time? \_\_\_\_\_

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How do you handle conflict? \_\_\_\_\_

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Why should we accept you into the Exquisite P.E.A.R.L.S. mentoring program? \_\_\_\_\_

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## Personal Recommendation Form

Applicant's Full Name: \_\_\_\_\_

The above-named applicant is being considered for the Exquisite P.E.A.R.L.S. Mentoring Program. Please complete this form to the best of your ability and return to Psi Alpha Omega c/o Exquisite P.E.A.R.L.S. P.O. Box 2626 Stockbridge, GA 30281 or via email to mograntaka@gmail.com.

Person completing form: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Please rate the applicant using the scale provided. For responses of 2 or lower, please comment.	1= poor 3= average 5= excellent	Comments
Attitude		
Acts Responsibly		
Social Skills		
Respectfulness		
Initiative		
Leadership Potential		
Maturity		

Overall impression of applicant: (please circle one)

Highly recommend      Recommend      Recommend with reservation      Do not recommend

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Non-Personal Recommendation Form

Applicant's Full Name: \_\_\_\_\_

The above-named applicant is being considered for the Exquisite P.E.A.R.L.S. Mentoring Program. Please complete this form to the best of your ability and return to Psi Alpha Omega c/o Exquisite P.E.A.R.L.S. P.O. Box 2626 Stockbridge, GA 30281 or via email to mograntaka@gmail.com.

Person completing form: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Please rate the applicant using the scale provided. For responses of 2 or lower, please comment.	1= poor 3= average 5= excellent	Comments
Attitude		
Acts Responsibly		
Social Skills		
Respectfulness		
Initiative		
Leadership Potential		
Maturity		

Overall impression of applicant: (please circle one)

Highly recommend      Recommend      Recommend with reservation      Do not recommend

Signature \_\_\_\_\_ Date \_\_\_\_\_