

ALPHA KAPPA ALPHA SORORITY, INCORPORATED ®
Beta Omega Chapter
&
The Ivy Community Service and Education Foundation
2024 Debutante Ball

COUNSELOR REPORT FORM

Directions: Form to be completed by high school counselor.

Please complete this form and submit it via JotForm or return it in the stamped, addressed envelope that has been provided by the applicant for your convenience by May 9, 2024. Please attach or send (via email to: AKADebBall2024@gmail.com) an Official Transcript of the applicant which should include five semesters of completed work. (If necessary, attach the last grade card report.)

1. Applicant's Name _____

Last

First

Middle

2. School _____ Present Grade Level _____

3. Length of time you have known applicant (in years) _____

4. Please check the courses below which the applicant has completed or is currently enrolled.

Mathematics	Language	Science	Special Ability Areas
<input type="checkbox"/> Algebra I	<input type="checkbox"/> French 1 2 3 4	<input type="checkbox"/> Biology	<input type="checkbox"/> Art
<input type="checkbox"/> Algebra II	<input type="checkbox"/> Spanish 1 2 3 4	<input type="checkbox"/> Chemistry	<input type="checkbox"/> Music <input type="checkbox"/> Vocal
<input type="checkbox"/> Geometry	<input type="checkbox"/> German 1 2 3 4	<input type="checkbox"/> Adv. Chemistry	<input type="checkbox"/> Instrumental
<input type="checkbox"/> Computer Science	<input type="checkbox"/> Latin	<input type="checkbox"/> Physics I	<input type="checkbox"/> Physical Education
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Drama/Speech/Debate

Others _____

5. Please give the cumulative grade point average for the total number of semesters completed.

6. Please explain your grading system if it is different from the usual high grade of 1 or A = 4.0 to 5 or F = 0 points or failing.

7. Does the applicant have exceptional ability or talent in any particular field? Yes No

If yes, provide additional information. _____

Page 2 – COUNSELOR REPORT FORM

8. Has the applicant discussed her post-secondary plans with you? ___ Yes ___ No. If yes, in your opinion are the plans and goals realistic in terms of her ability and career availability in today's job market? Please explain briefly. _____

9. To the best of your knowledge, please comment on the applicant's initiative, leadership qualities, concern for others, cooperativeness and responsible nature.

Counselor's Name _____ Telephone _____

Counselor's Signature _____

If mailing it in, return form postmarked no later than May 9, 2024 to:

Ms. Dominique Campbell Co-Chairman
Screening and Awards
14402 Bristol Ave.
Grandview, MO 64030
Phone: 913-235-2180
AKADebBall2024@gmail.com