

Application for the Debutante Cotillion
sponsored by
Charlotte Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated
in partnership with
Deltas of Charlotte Foundation

Prospective Debutante Package Checklist

All materials should be postmarked in one complete packet by
Friday, September 28, 2012

LATE APPLICATIONS AND/OR RECOMMENDATIONS WILL NOT BE CONSIDERED

- _____ A **typed** completed and signed application
- _____ A completed recommendation form from school personnel
- _____ A completed recommendation form from a community person
- _____ An **official copy of your transcript (with entire 11th grade year),
bearing the school seal, showing a minimum GPA of 2.5**
- _____ A **typed** essay of at least 250 words entitled, *"Why I Want to Be a Debutante"*
- _____ Photo included

Please return all materials to: **Deltas of Charlotte Foundation, Inc.**
 Debutante Cotillion
 P. O. Box 37061
 Charlotte, NC 28237-7061

All materials are to be returned in one package by the specified due date.
Late packets will not be considered.

Application for the Debutante Cotillion
sponsored by
Charlotte Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated
in partnership with
Deltas of Charlotte Foundation

A non-refundable activity fee of \$150 is required of all Debutantes. The fee is due in October.

Please attach
photo here

(Please Type)

Full Name: **[name]**

Date of Birth: **[date of birth]**

Address: **[address]**

City: **[city]**

Zip: **[zip]**

Home Phone: **[phone]**

School: **[school]**

Grade: **[grade]**

Mailing Address (If different): **[mailing address]**

Parents'/Guardians' Names: **[parents'/guardians' names]**

Address(es): **[addresses]**

Home Phone: **[home phone]**

Email address: **[email address]**

Parents' email address: **[email address]**

(An active email address is required for the Debutante AND the parent; you will be notified by email if accepted into the program.)

Mark an 'x' by your answer to the following:

Are you married? [Y] Yes [N] No

Do you have a child/ren? [Y] Yes [N] No

Have you been involved in any criminal incidents at school or in the community? [Y] Yes [N] No

Have you applied to any other cotillion? If so, which ones? [Y] Yes [N] No [which ones?]

If your answer is **"Yes"** to any of the above questions, please explain.
[Please explain your answer here.]

Do you think that you will have the time to commit to a program that will run throughout most of the academic year with activities that primarily occur on the weekends? **[Y] Yes [N] No**

Do you anticipate being employed during the upcoming school year? **[Y] Yes [N] No**

If your answer is "Yes," please estimate the number of hours and days. **[hours] Hours [days] Days**

Is your **mother, sister or grandmother** a member of Delta Sigma Theta Sorority, Inc.? **[Y] Yes [N] No**

If your answer is "Yes," please give the member's name: **[member's name]**

Relationship: **[relationship]**

Is she an active Soror? **[Y] Yes [N] No**

**All materials are to be returned in one package by the specified due date.
Late packets will not be considered.**

Application for the Debutante Cotillion
sponsored by
Charlotte Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated
in partnership with
Deltas of Charlotte Foundation

Page 2

Hobbies

[list]	[list]
[list]	[list]

Organizational Affiliations (school, community, church)

[list]	[list]
[list]	[list]
[list]	[list]
[list]	[list]

Personal Accomplishments

[list]	[list]
[list]	[list]
[list]	[list]

Honors/ Awards

[list]	[list]
[list]	[list]
[list]	[list]

AN ATTACHED SHEET OR RESUME MAY BE ADDED, IF NEEDED.

My signature below indicates that I have provided truthful and complete information in this application and I understand that I may be contacted if there are questions or concerns about my application packet.

Applicant Signature _____ Date _____

All materials are to be returned in one package by the specified due date.
Late packets will not be considered.

Application for the Debutante Cotillion
sponsored by
Charlotte Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated
in partnership with
Deltas of Charlotte Foundation

Cotillion Recommendation Form
(For Teacher, Principal, or Counselor)

The following student is seeking to be a participant in the Charlotte Alumnae Chapter's Annual Cotillion. Please complete the following information and return to the applicant in a sealed envelope with a signature. **Late applications will not be considered.**

Applicant's Name (Print) _____

1. How long have you known the applicant?
2. In what capacity have you known the applicant?
3. Based on your knowledge of the applicant, please complete the following:

	Outstanding	Good	Fair	Poor
Intellectual Ability				
Leadership				
Creativity and Imagination				
Maturity and Judgment				
Motivation and Initiative				
Personal Integrity				
Ability to get along with peers				
Poise				

Please use the space below to make additional comments (A sheet may be attached).

Signature _____ Date _____

Name (Print) _____ Title _____

Address _____

City _____ State _____ Zip _____ Phone _____

All materials are to be returned in one package by the specified due date.
Late packets will not be considered.

Application for the Debutante Cotillion
sponsored by
Charlotte Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated
in partnership with
Deltas of Charlotte Foundation

Cotillion Recommendation Form
(For Community Person Not Related to Applicant)

The following student is seeking to be a participant in the Charlotte Alumnae Chapter's Annual Cotillion. Please complete the following information and return to the applicant in a sealed envelope with a signature. **Late applications will not be considered.**

Applicant's Name (Print) _____

1. How long have you known the applicant?
2. In what capacity have you known the applicant?
3. Based on your knowledge of the applicant, please complete the following:

	Outstanding	Good	Fair	Poor
Intellectual Ability				
Leadership				
Creativity and Imagination				
Maturity and Judgment				
Motivation and Initiative				
Personal Integrity				
Ability to get along with peers				
Poise				

Please use the space below to make additional comments (A sheet may be attached).

Signature _____ Date _____

Name (Print) _____ Title _____

Address _____

City _____ State _____ Zip _____ Phone _____

All materials are to be returned in one package by the specified due date.
Late packets will not be considered.

Application for the Debutante Cotillion
sponsored by
Charlotte Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated
in partnership with
Deltas of Charlotte Foundation

Agreement for Prospective Debutante

I, _____ (*Print name*), certify that the information provided in this application is complete, true and accurate. I authorize the Charlotte Alumnae Chapter of Delta Sigma Theta Sorority, Inc.'s Cotillion co-chairs and/or President and Vice Presidents to verify any information provided in this application.

I understand that falsification of any information in this application will result in my dismissal from the Cotillion program and that any money received from me or on my behalf will NOT be refunded. I further understand that if I voluntarily withdraw from the Cotillion program any money received from me or on my behalf will NOT be refunded.

Applicant's Signature

Date

I, _____ (*Print name*), legal parent or guardian of _____ (*Print applicant's name*), certify that the information provided in this application is complete, true and accurate. I authorize the Charlotte Alumnae Chapter of Delta Sigma Theta Sorority, Inc.'s Cotillion co-chairs and/or President and Vice Presidents to verify any information provided in this application.

I understand that falsification of any information in this application will result in her dismissal from the Cotillion program and that any money received from her or on her behalf will NOT be refunded. I further understand that if she voluntarily withdraws from the Cotillion program any money received from her or on her behalf will NOT be refunded.

Parent/Guardian Signature

Date

All materials are to be returned in one package by the specified due date.
Late packets will not be considered.