

# ALPHA KAPPA ALPHA SORORITY, INC.®

## ETA CHI OMEGA CHAPTER

March 27, 2023

Dear Prospective Debutante/Tea Girl:

Your name has been submitted as a prospective debutante or tea girl for the Alpha Kappa Alpha Sorority, Inc.®- Eta Chi Omega Chapter 2024 Cotillion. The cotillion will be held January 6, 2024, at the Doubletree Hilton Ballroom in Lafayette, Louisiana. We are committed to making your experience memorable and heartfelt. If you are interested in our Winter Cotillion program and would like to be considered as a prospective tea girl or debutante, please **complete the attached application, two (2) reference letter forms, and return each along with an appropriate wallet size photo of yourself and an official transcript from your high school.**

High school girls classified as juniors (11<sup>th</sup> grade) are invited to become tea girls and high school girls who are classified as graduating seniors (12<sup>th</sup> grade) are invited to make their debut with our organization. The criteria for selection is high scholarship, leadership, community service participation, and exemplary character. Fees are approximately \$300.00 for a tea girl and \$850.00 for a debutante plus processing fees. **No fees will be required unless you are selected by the Cotillion Committee and you decide to proceed with our program.**

**All information must be postmarked by April 29, 2023,** to ensure that your application is considered. The application, two letters of reference, and official transcript, along with a wallet size photo must be **mailed to: Eta Chi Omega Chapter Attention: Cotillion Committee, 212 Staten Street, Lafayette, LA 70501.** Once your packet has been received and reviewed, you will be notified of your status by mail or email.

Completing the application process does not guarantee that you will be able to make your debut with Alpha Kappa Alpha Inc.®- Eta Chi Omega Chapter. It does qualify you for consideration. Please take your time and follow all directions precisely.

Thank you for your interest in our 2024 Cotillion.

Sincerely,

*Sharon J. Pierre, Co-Chair*

*Dr. Brandi Clay, Co-Chair*

**ALPHA KAPPA ALPHA SORORITY, INC.®  
ETA CHI OMEGA CHAPTER**

**2023 – 2024  
Cotillion Application**

Please complete the following application for consideration to become a 2024 Debutante or Tea Girl. **In addition to the completed application, you must include:**

- ❖ Current Wallet Size Photo
- ❖ Sealed Transcript
- ❖ Two Letters of Reference

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Check one: Debutante \_\_\_\_\_ Tea Girl \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

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

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Home Number Cell Number

Mother's Name: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Mother's Cell Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_

**School Information**

Name of High School: \_\_\_\_\_

Grade: \_\_\_\_\_ G.P.A. \_\_\_\_\_ ACT/SAT Score \_\_\_\_\_

(Deb only)

**Identify School Organization (s) you are involved in: (Academic, Social, Sports)**

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_

**Identify Church and Ministries or Activities you participate in:**

Name of Church: \_\_\_\_\_

- Ministries/Activities: (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

**Identify Community Affiliations (Volunteer Work)**

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_

**Identify any Awards or Honors you have received: (High School Only)**

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_

**Mail this application along with all required documents in one envelope to:**

Eta Chi Omega Chapter  
Attention: Cotillion Committee  
212 Staten Street  
Lafayette, LA 70501

**MUST BE POSTMARKED BY APRIL 29, 2023.**

**Alpha Kappa Alpha Sorority, Inc.®**  
**ETA CHI OMEGA CHAPTER**  
**Winter Cotillion**  
**Letter of Reference**

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Applicant – Please complete this Section (Please Print)

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

Address,                      City,                      State,                      Zip                      Code:

\_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Instructions to Recommender: In accordance with Eta Chi Omega Chapter, the following standards apply:

- ❖ A debutante is a graduating high school senior
- ❖ A tea girl is a junior in high school
- ❖ Both must display high scholastic, ethical, and moral standards

The Letter of Reference Form must be completed by an individual whose relationship to the applicant meets one of the criteria below:

- ❖ Has known the applicant for at least one (1) year
- ❖ Can attest to the applicant upholding the ethical and moral standards required by the Winter Cotillion Committee

This letter of reference must be returned in a sealed envelope with a signature written across the flap. Please give this envelope to the prospective debutante/tea girl to be included in the application packet.

Relationship to the Applicant (Check all that apply)

\_\_\_\_\_ High School teacher, counselor, or administrator

\_\_\_\_\_ High School or Church Organization Advisor (Sponsor)

\_\_\_\_\_ Graduate Member of Alpha Kappa Alpha Sorority, Inc.®

Please check all statements that apply to this prospective debutante or tea girl based on your own experience. If you do not know an answer, mark "cannot attest".

	Strongly Agree	Agree	Disagree	Strongly Disagree	Cannot Attest
Obeys all school policies					
Is polite, kind, honest, fair					
Involved in school and church community					
Works well in a team environment					
Carries herself in a lady-like manner					
Refrains from profanity and violence					
Parents able to handle financial responsibility					

**Alpha Kappa Alpha Sorority, Inc. ®**  
**Eta Chi Omega Chapter**  
**Winter Cotillion**

**Letter of Reference Form**

**PERSONAL STATEMENT OF RECOMMENDER:** Please give a brief statement attesting to the applicant's character, leadership, and service. Your statement is limited to the space provided. Do not submit additional letters or other documents. Additional material will not be reviewed by the Eta Chi Omega Chapter Winter Cotillion Committee. Please **PRINT OR TYPE YOUR RESPONSE.**

**By signing this form, I verify that all of the information I have provided, including but not limited to, my signature, is true and correct.**

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Signature and Title

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Print Name Date

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Address City State Zip Code

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Telephone Number

**Alpha Kappa Alpha Sorority, Inc.®**  
**ETA CHI OMEGA CHAPTER**  
**Winter Cotillion**  
**Letter of Reference**

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Signature and Title

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Print Name Date

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Address City State Zip Code

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Telephone Number