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| **Alpha Kappa Alpha Sorority, Incorporated** | | | | | | | | | | | |
| **Rho Upsilon Omega Chapter** | | | | | | | | | | | |
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| Serving Southern Alameda and Contra Costa Counties | | | | | | | | | | | |
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| **ROSEBUD APPLICATION** | | | | | | | | | | | |
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| Please print or type | |  |  |  |  |  |  |  |  |  |  |
| Name |  |  |  |  |  |  |  |  |  |  |  |
|  | Last |  |  |  | First |  |  |  |  | Middle Initial | |
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| Address |  |  |  |  |  |  |  |  |  |  |  |
|  | Number & Street | |  |  |  |  | City |  |  |  | Zip Code |
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| Home Phone | |  |  |  |  |  | Cell Phone | |  |  |  |
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| Email Address: | |  |  |  |  |  |  |  |  |  |  |
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| Date of Birth | |  |  |  |  |  | Age |  |  |  |  |
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| Present School | |  |  |  |  | Grade in Fall: | |  |  | GPA: |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Do you have any physical handicaps or dietary restrictions that will require special attention? YES / NO | | | | | | | | | |  |  |
| If "YES" please list below: | | |  |  |  |  |  |  |  |  |  |
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| **ACTIVITIES:** | |  |  |  |  |  |  |  |  |  |  |
| Please list all school, church, work and community activities in which you have participated, including any positions held and the years involved, throughout high school. Please include current or anticipated activities during the current school year. | | | | | | | | | | |  |
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| Activity |  |  |  |  | Position Held | |  |  |  | Year(s) Involved | |
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| **Please give a brief description for the information listed below.** | | | | | | | |  |  |  |  |
| **Please list and describe the topics below:** | | | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Special Talents or Interest: | | |  |  |  |  |  |  |  |  |  |
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| Hobbies: | |  |  |  |  |  |  |  |  |  |  |
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| Personal Goals: | |  |  |  |  |  |  |  |  |  |  |
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| Career Goals: | |  |  |  |  |  |  |  |  |  |  |
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| Contributions you wish to make to society: | | | | |  |  |  |  |  |  |  |
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| Achievements, Honors and Awards: | | | |  |  |  |  |  |  |  |  |
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| What personal attributes and qualities would make you a good candidate for the program? | | | | | | | | | | |  |
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| **ROSEBUD FEES:** | |  |  |  |  |  |  |  |  |  |  |
| The cost of the Rosebud program, for the remainder of the 2022-2023 school year, is $150.00 and includes but is not limited to admission, shirts, workshop/activities, etc. Please make money orders out to " AKA - Rho Upsilon Omega Chapter". If mailing in your payment, please use the address listed below. | | | | | | | | | | |  |
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| **PARENT SECTION:** | |  |  |  |  |  |  |  |  |  |  |
| This section is to be completed and signed by a parent/guardian. | | | | | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Name of Parent(s)/Guardian(s): (Circle One) PLEASE PRINT | | | | | | |  |  |  |  |  |
| Mother: |  |  |  |  |  |  |  |  |  |  |  |
| First |  |  |  |  |  |  | Last |  |  |  |  |
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| Home Phone | |  |  |  |  |  | Cell Phone | |  |  |  |
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| Email |  |  |  |  |  |  |  |  |  |  |  |
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| Father: |  |  |  |  |  |  |  |  |  |  |  |
| First |  |  |  |  |  |  | Last |  |  |  |  |
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| Home Phone | |  |  |  |  |  | Cell Phone | |  |  |  |
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| In case of emergency in parent/guardian's absence, please notify: | | | | | | | |  |  |  |  |
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| Name |  |  |  |  |  |  | Phone Number | | |  |  |
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| Address |  |  |  |  |  |  |  |  |  |  |  |
| **REFERRAL:**  We are always looking for new students to inform, encourage and inspire! As a Rosebud participant, do you know of any young women who can benefit from the program? If so, please direct them to Alpha Kappa Alpha Sorority, Inc.’s Rho Upsilon Omega Chapter website at [www.aka-ruo.com](file:///C:\Users\DELL\Downloads\www.aka-ruo.com) where they’ll find the program overview and application. You may also complete the section below and we will contact the student directly. | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Name |  |  |  |  |  |  |  |  |  |  |  |
|  | Last |  |  |  | First |  |  |  |  | Middle Initial | |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Address |  |  |  |  |  |  |  |  |  |  |  |
|  | Number & Street | |  |  |  |  | City |  |  |  | Zip Code |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Parent/Guardian Home Phone | | |  |  |  |  |  |  | Cell Phone |  |  |
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| Email Address: | |  |  |  |  |  |  |  |  |  |  |
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| Present School: | |  |  |  |  | Grade in Fall: | |  |  | Age |  |
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| **For Committee Use Only** | | |  |  |  |  |  |  |  |  |  |
| **Date Received** | |  | Amount Received | | |  | **Money Order #** | | |  |  |
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| **Committee Co-Chair Signature** | | |  |  |  |  | **Committee Co-Chair Signature** | | | | |
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| Completed Applications can be submitted to the following address: | | | | | | | | | | | |
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| Alpha Kappa Alpha Sorority, Inc. | | | | | | | | | | | |
| Rho Upsilon Omega Chapter | | | | | | | | | | | |
| Attn: Rosebud Committee Chairperson(s) | | | | | | | | | | | |
| P.O. Box 2998 | | | | | | | | | | | |
| San Ramon, CA 94583 | | | | | | | | | | | |
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