Alpha Kappa Alpha Sorority, Incorporated®
Rho Upsilon Omega Chapter

Serving Southern Alameda and Contra Costa Counties

ROSEBUD APPLICATION

Please print or type

Name _____ _____ _____
Last First Middle Initial

Address _____ _____ _____
Number & Street City Zip Code

Home Phone _____ Cell Phone _____

Email Address: _____

Date of Birth _____ Age _____

Shirt size _____ _____

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:

_____

_____

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.

Activity	Position Held	Year(s) Involved

Please give a brief description for the information listed below.
Please list and describe the topics below:

Special Talents or Interest:

Hobbies:

Personal Goals:

Career Goals:

Contributions you wish to make to society:

Achievements, Honors and Awards:

What personal attributes and qualities would make you a good candidate for the program?

ROSEBUD FEES:

The cost of the Rosebud program, for the remainder of the 2025-2026 school year, is $200.00 and includes but is not limited to admission, shirts, meals, 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. If using Zelle please send to fianance@aka-ruo.com, it will show up as Alpha Kappa Alpha Sorority. Please indicate the name of your Rosebud in the memo.

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 _____

Home Phone _____ Cell Phone _____

Email _____

Father:

First _____ Last _____

Home Phone _____ Cell Phone _____

Email _____

In case of emergency in parent/guardian's absence, please notify:

_____ _____

Name Phone Number

_____

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 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 _____

Email Address: _____

Present School: _____ Grade in Fall: _____ Age _____

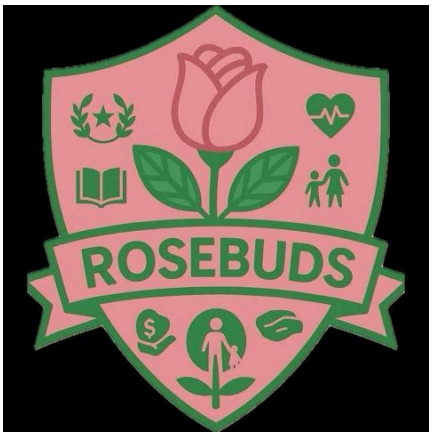
For Committee Use Only

Date Received	Amount Received	**Money Order #**

Committee Co-Chair Signature **Committee Co-Chair Signature**

By submitting this application, I hereby grant Alpha Kappa Alpha Sorority, Incorporated and its collaborators, affiliates, and representatives the irrevocable right and permission to take, use, publish, and distribute any photographs, videos, or other media of me taken during Rosebud and/or Sorority-related events or activities. This media may be used in print, digital, and/or social media platforms, including but not limited to marketing materials, promotional content, and official social media accounts.
I understand that I will not receive compensation for the use of such media and that all rights to the content will belong to Alpha Kappa Alpha Sorority, Incorporated and its collaborators.

Completed Applications can be submitted to the Rosebud Committee Chairman Alison Morgan at Alisonmorgan1908@gmail.com


ROSEBUDS