

Please return all applications to Terrance Stacker or Richard Bass via email ecnupesex@gmail.com Greetings Parents,

The Guide Right Program of the EC Kare Foundation Incorporated and its membership is led by distinguished men with excellent academic records and proven leadership. These men are involved in the Madison County community through their service with EC Kare Foundation Incorporated.

Guide Right is a program of EC Kare Foundation Incorporated which focuses on the educational and occupational guidance of young men of high school age. The program provides both challenging and rewarding experiences that is designed to enhance their lives. Because the fundamental purpose of E C Kare Foundation is ACHIEVEMENT, it is therefore the Foundation primary purpose to help these young men achieve worthy goals for themselves and make constructive contributions to their community as they assume leadership roles.

The Guide Right Program is designed to mentor young men, offering programs that will prepare them for college careers. Our EC Kare Foundation members are aware of the problems that young men may encounter; therefore, we offer guidance with their decision-making progresses in our program and assist them in making responsible choices in their life.

Thank you for your consideration and we look forward to your son's participation in the Guide Right Program of Kappa Alpha - EC Kare Foundation, Inc.

If you have any questions or concerns, please feel free to contact me

Sincerely,

Darnell Spencer Polemarch Kappa Alpha Psi Fraternity, Incorporated Edwardsville Collinsville Chapter tlstack@yahoo.com

Guide Right Application

Guide Right Program Criteria

- The applicant must currently be enrolled in the Madison County School District.
- The applicant must be between the ages of 13-18.
- The applicant must submit a general application form.
- The applicant must agree to follow instructions, cooperate, and be well-behaved while participating in the program.
- The applicant must submit a completed parental permission consent form, release form and photo/social media form (enclosed).

Please sign below to acknowledge that you understand and agree to the conditions of the program in order to become a participant.

| Name of Student (Printed) | |
|------------------------------|--|
| Student Signature | |
| Date | |

Student Information:

| Name | |
|-----------------------|--|
| Street Address | |
| City, State, Zip Code | |
| Phone Number | |
| Date of Birth | |
| E-Mail Address | |
| | |
| | |
| Hobbies | |

| Extracurricular Activities | |
|-------------------------------|--|
| Career Goals | |

School Information:

| Name of School | |
|-------------------------|--|
| Street Address | |
| City, State, Zip Code | |
| Upcoming Grade Enrolled | |

Parent/Guardian Contact Information: The person listed below will serve as the emergency contact person as well as the only person authorized to pick up the student from E C Kare Foundation Incorporated Guide Right Program activities. If there is an alternate emergency contact or person authorized to pick up the student, please list below in space provided.

| Name | |
|--------------------------|--|
| Street Address | |
| City, State, Zip Code | |
| Home Phone | |
| Work Phone | |
| Cell Phone | |
| Email Address | |

| Emergency Contact | |
|-----------------------|--|
| Name | |
| Phone Number | |
| Pick up Authorization | |
| Name | |
| Phone Number | |
| Name | |
| Phone Number | |

By submitting this application, I affirm that the information provided is accurate and complete.

| Student Signature | |
|-------------------|--|
| Date | |

Guide Right Program Parental Release & Permission Forms

Parental Release:

I hereby request and consent that my child or ward be permitted to participate in the Guide Right Program. The Guide Right Program is designed to aid young men of high school age to grow and develop leadership talents in every phase of human endeavor. By signing below, I release E C Kare Foundation Incorporated, its members, and other volunteers associated with its program, from any liability, injury, loss, or damage connected in any way with participation in this program.

| Name of Student | |
|------------------|--|
| Parent Signature | |
| Date | |

Photo/Social Media Release:

I,______, the parent or legal guardian of [Student Name] grant Edwardsville Collinsville Chapter of Kappa Alpha Psi Fraternity, Incorporated and E C Kare Foundation Incorporated my permission to use the photographs for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand and agree that my child's picture/video/work will be taken during activities. They may be used and displayed for multi-media program purposes to include FaceBook, Instagram, EC Chapter of Kappa Alpha Psi, Fraternity Inc. and EC Kare Foundation's website and other social media platforms.

| Parent Signature | |
|------------------|--|
| Date | |

I do not authorize my child to be photographed or displayed on social media platforms or organization's website(s).

| Name of Student | |
|------------------|--|
| Parent Signature | |
| Date | |