



Kappa League Application

Please return all applications to Mr. Darnell Spencer or Mr. Marvin Lampkin via email- ecnupesex@gmail.com

Greetings Parents,

The Kappa League Program of the Kappa Alpha Psi Fraternity 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 Kappa Alpha Psi Fraternity Incorporated.

Kappa League is a program of Kappa Alpha Psi Fraternity 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 our Fraternity is ACHIEVEMENT, it is therefore the Fraternity 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 Kappa League Program is designed to mentor young men, offering programs that will prepare them for college careers. Our Fraternity 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 Kappa League Program of Kappa Alpha Psi Fraternity, Inc.

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

Sincerely,

Terrance L. Stacker
Polemarch
Kappa Alpha Psi Fraternity, Incorporated
Edwardsville Collinsville Chapter
tlstack@yahoo.com

Kappa League Application

Kappa League Program Criteria

- The applicant must currently be enrolled in the Madison County School District.
- The applicant must be between the ages of 14-18.
- 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 Kappa Alpha Psi Fraternity Incorporated Kappa League 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	

Kappa League Program Parental Release & Permission Forms

Parental Release:

I hereby request and consent that my child or ward be permitted to participate in the Kappa League Program. The Kappa League 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 Kappa Alpha Psi Fraternity 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	