



Vicksburg Alumni Chapter - KAPPA LEAGUE

APPLICATION FOR MEMBERSHIP



Vicksburg (MS) Alumni Chapter
Kappa Alpha Psi Fraternity, Incorporated
TRAINING FOR LEADERSHIP SINCE 1911

The V.A.C. Kappa League is a mentoring program geared toward building leadership skills, encouraging scholastic achievement and fostering community service.

Through club-oriented activities, the members of Kappa League are involved in various projects that will expose them to planning, execution, and reporting ideas while stimulating good leadership qualities and skills designed to infuse the willingness to set goals and enforce the aspiration to achieve them. All activities and programs will incorporate one or more of the following five Phases – **I. Self-Identity, II. Training, III. Competition, IV. Social/Community Service and V. Health Education.**

Since the fundamental purpose of the Vicksburg Alumni Chapter of Kappa Alpha Psi Fraternity, Incorporated is **ACHIEVEMENT**, it is the Fraternity's primary purpose to assist these young men of the Kappa League to aspire, achieve, and contribute to their communities as they build character in becoming great leaders.

We are extremely pleased that you have decided to apply for membership. The Kappa League Program requires all applicants to submit a completed "Kappa League Membership Application" along with all documents and items requested below.

QUALIFICATIONS FOR APPLICANTS:

- Must be a male student in grades 7th-12th
- Must have a 2.5 overall Grade Point Average (G.P.A.) or higher
- Must complete application, sign and submit **ALL** required documents

QUALIFICATIONS FOR MEMBERSHIP:

- **\$240.00 Membership Dues (\$110 for returning members) for the 2025-2026 School League Year (Due Date TBA)**
- Required to maintain Grade Point Average
- Required to attend 90% monthly meetings and workshops (4th Sunday)
- Required to attend **ALL** community service projects/events
- Ability to exercise TEAMWORK

REQUIRED DOCUMENTS:

- Submit a **LEGIBLE, HAND PRINTED APPLICATION OR TYPED FOR MEMBERSHIP** including an **AUTOBIOGRAPHICAL ESSAY (ADDRESSING THE QUESTION: "WHO AM I? AND HOW YOUR PARTICIPATION WILL ENHANCE YOUR LEADERSHIP SKILLS AT SCHOOL, CHURCH AND IN THE COMMUNITY?")**
- Submit a copy of your grades for the **2024/2025 School Year**
- Must be postmarked (mailed on or before) by **Wednesday, September 3, 2025**

APPLICATION FOR MEMBERSHIP

INDIVIDUAL DATA SHEET

PERSONAL: (Please Print)

Name:		
Address:		
City:	State:	Zip Code:
Home Phone:		Cellular Phone:
e-Mail Address:		
Mother's Name:		Cellular Phone:
Father's Name:		Cellular Phone:

ACADEMICS:

High School Name:
Classification:
of Courses, please list the courses you are enrolled in
Course #1:
Course #2:
Course #3:
Course #4:
Course #5:
Course #6:
Course #7:

Identify your Career Choice(s)
Career Choice:
Identify the College or University you would like to attend
College/University #1:
College/University #2:

INTERESTS:

- ❖ Are you involved in Sports? Yes _____ No _____
- ❖ If "Yes", please list your sport(s) involvement below.

- ❖ Hobbies?

- ❖ Extracurricular Activities?

EMPLOYMENT:

- ❖ Are you employed? Yes _____ No _____
- ❖ If "Yes", please provide your place of employment and your work hours/schedule below.

Place of Employment: _____

Hours/Schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

**AUTOBIOGRAPHY – “WHO AM I?...and HOW YOUR PARTICIPATION WILL
ENHANCE YOUR LEADERSHIP SKILLS AT SCHOOL, CHURCH AND IN THE
COMMUNITY?”:**

- ❖ Please write a one-page autobiography about yourself; limit your response to this page.

Release for Medical Treatment

In the event of an emergency and the inability of the Vicksburg Kappa League Advisors to obtain my consent, I hereby give permission for Vicksburg (MS) Alumni Chapter of Kappa Alpha Psi Fraternity, Incorporated to authorize any medical treatment or surgery in which a qualified physician or surgeon deems prudent for my child.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

In case of an emergency, which hospital or urgent care do you prefer to have your child transported?

HOSPITAL/URGENT CARE FACILITY: _____

PRIMARY CARE PHYSICIAN NAME: _____

Parental Acknowledgement

I hereby give permission for my child to participate in the Vicksburg (MS) Alumni Chapter Kappa League. I understand that Vicksburg (MS) Alumni Chapter of Kappa Alpha Psi is not responsible for personal injury or loss of property. I understand that children are free to leave the program at anytime. I agree to immediately update this application when any information changes.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Photo Release

I give permission to the Vicksburg (MS) Alumni Chapter of Kappa Alpha Psi Fraternity, Incorporated to utilize or release any photos of my child taken during the program for the purposes of promoting the Fraternity and its **Guide Right** Program.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Applicant Acknowledgement

I wish to participate in the Vicksburg (MS) Alumni Chapter Kappa League. I promise to be careful to not cause damage to any property that may be used while participating in activities with the Vicksburg (MS) Alumni Chapter Kappa League. I also agree to obey the rules of the Vicksburg (MS) Alumni Chapter Kappa League, and that at any time I can/will be expelled from the Vicksburg (MS) Alumni Chapter Kappa League for conduct that is detrimental to the entire program.

APPLICANT SIGNATURE: _____ DATE: _____

❖ Please submit your completed application to:

Vicksburg Alumni Kappa League/Guide Right Program

Attn: Stephen Anderson, Sr.

Post Office Box 820136

Vicksburg, Mississippi 39180