



Sigma Omega Omega Chapter of
Alpha Kappa Alpha Sorority, Inc.
Douglasville, Georgia
www.sigmaomegaomega.com

Questions and completed
application can be sent to:
AKASOOASCEND@gmail.com

Cycle 4: 2017- 2018 (September 2017 – June 2018)

ASCEND Program Student Application Form
Please write clearly.

Name _____
(Last name) (First Name) (Middle initial)

Address _____
(Street) (City) (State) (Zip code)

Phone _____ **Email** _____
(Home Number) (Cell Number)

Date of Birth (mm/dd/yy) _____ **Gender: Male** _____ **Female** _____

Do you have any allergies? ____ If so, please list: _____

Grade Level: ____ **9th Grade**(freshman) ____ **10th Grade**(sophomore) ____ **11th Grade** (Junior) ____ **12th** (senior)

High School Name _____ **Location** _____

List 3 areas of study that are of interest to you:

1. _____
2. _____
3. _____

If given the opportunity to job shadow where would it be?

What colleges or Universities have you visited?:

Juniors and Seniors only: Have you applied to college? If so, provide the name and status.

How many community service hours do you have? _____

Please list names of volunteer service areas:

