

*The Boston Pearl Foundation, Inc. ®*  
Psi Omega Chapter of Alpha Kappa Alpha Sorority, Inc.  
*2021-2022 Precious Pearls Debutante Program*

APPLICANT INFORMATION



**Full Name:** \_\_\_\_\_  
Last First Middle

**Home Address:** \_\_\_\_\_  
Street Address, including Apartment/Unit#  
\_\_\_\_\_  
City State Zip Code

**Phone:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Parent / Guardian:** (one primary contact)

**Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Recommended Escort:** Each Debutante will be escorted by a male, grade 10-12, and the escort must meet the approved requirements.

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

EDUCATION

**High School:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Grade Level:** \_\_\_\_\_ **GPA:** \_\_\_\_\_

REFERENCE/SPONSOR

**Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

COMMUNITY INVOLVEMENT

Name of Employer(s)/Organization(s) & Contact Information:

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Honors, Awards, and Recognitions:

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Church and/or Community Involvement:

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ESSAY

Please submit an essay describing yourself, including future goals, ambitions, and interests in 100 words or less to [bostonpearloundation@gmail.com](mailto:bostonpearloundation@gmail.com).

DISCLAIMER & SIGNATURES

*I certify that my answers are true and complete to the best of my knowledge. If this application leads to me being selected as a Debutante for the 2021-2022 Precious Pearls Debutante Program sponsored by The Boston Pearl Foundation, Inc. and Psi Omega Chapter of Alpha Kappa Alpha Sorority, Inc., I understand that any false or misleading information in my application may result in my release from the 2021-2022 Program.*

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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STATEMENT OF QUALIFICATIONS



I, \_\_\_\_\_, confirm

that I meet all the Debutante Cotillion participation criteria listed below and understand that I must maintain these standards throughout the 2021-2022 Cotillion season, to include, but not be limited to, the following:

1. Cumulative grade point average of 2.5 or higher (verified by official transcript).
2. Demonstrated interest and involvement in public service and community related activities.
3. Demonstrated goals, aspirations, and plans to pursue an education beyond high school.
4. Evidence of good moral character, which includes, but is not limited to:
  - a. No record of poor discipline at school or in the community and
  - b. must not be a parent or pregnant.
5. Must be able to commit to attending necessary rehearsals and activities that occur throughout the Cotillion season.

**Prospective Debutante:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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PARENTAL PERMISSION FORM

**Applicant's Name:** \_\_\_\_\_  
Last First Middle Initial

**Home Address:** \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State Zip Code

**Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

\_\_\_\_\_ may attend programs and activities sponsored by The Boston Pearl Foundation, Inc. and Psi Omega Chapter of Alpha Kappa Alpha Sorority, Inc. I also agree to direct my child to cooperate and conform to directions and instructions given by the representatives and agents of the Precious Pearls Debutante Program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Please indicate whether the applicant has any health conditions and/or allergies:

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PARENT CONSENT FOR EMERGENCY MEDICAL TREATMENT

TO WHOM IT MAY CONCERN:

The undersigned do hereby authorize the officers, leaders or advisors of The Boston Pearl Foundation, Inc. and Psi Omega Chapter of Alpha Kappa Alpha Sorority, Inc., who are adult persons to whose care my child has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical treatment and hospital care, deemed necessary, to be rendered to said minor under the provisions of the Medical Practice Act, or to consent to an X-Ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care, deemed necessary, to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

It is further understood that permission is hereby granted to officers, leaders or advisors of The Boston Pearl Foundation, Inc. and Psi Omega Chapter of Alpha Kappa Alpha Sorority, Inc. to obtain and administer such medical aid or assistance as might, in their judgment, be required for the immediate care of our child in the event such help or an emergency nature becomes necessary. This authorization is granted with the knowledge that at certain locations used and/or administered by The Boston Pearl Foundation, Inc. and Psi Omega Chapter of Alpha Kappa Alpha Sorority, Inc. medical assistance from a licensed physician or dentist may not be available.

In no event will The Boston Pearl Foundation, Inc., Psi Omega Chapter of Alpha Kappa Alpha Sorority, Inc., and/or their officers, leaders or advisors be held liable for any acts considered to be negligent or first aid treatment or hospital care rendered, or drugs, medicine or surgical procedures performed pursuant to this consent.

Date: \_\_\_\_\_

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Guardian: \_\_\_\_\_