

COTILLION DEBUTANTE APPLICATION

Name: Address:			Age:
City:	State	e:Zip:	
Home #:		Mobile:	
Participant's Email:			
Work Schedule:			
	Morning	Afternoon	Evening
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Parent(s)/ Guardians In	formation	1	ı
i aiciius)/ Guaiuiaiis III	101111411011		
Parent(s)/ Guardians	Name		
Address:			
•		e: Zip:	
		Mobile:	
Parent(s)/ Guardians E	mail:		

City:	State:	Zip:				
Home #:	M	obile:				_
Emergency Contact's Email:						
Debutante Information Profile						
Name						
High School		(Grade			
Prospective College						
Intended Major/ Concentration						
Extracurricular/ Community Involv	<u>ement</u>					
High School Activities						
Honors/ Awards/ Achievements						
Community Service/ Civic/ Volunte	eer Activities					
Religious Affiliation and Church Ac	tivities				_	
Special Accommodations					_	
If selected, do you have any special 1	needs that we need	to be aware of?	Yes	or	No	
If yes, please describe:						
Favorite Quote						-



All applications must be completed in their entirety to be reviewed and considered. Applications must be typed or printed legibly in blue or black ink. Before submitting your application, please be sure that the following items in the checklist below have been enclosed.

following items in the checklist below have	
One (1) Original COMPLETED a	pplication package
☐ One (1) Official Transcript ☐ Two (2) Scaled Letters of Recomm	nendations (sealed in an envelope) must be from guidance
counselor, teacher, or a community	
\$25.00 Application Fee	y person.
ACKNOWLE	DGEMENTS AND SIGNATURES
Debutante/Parent/ Guardian	
I,	, the parent/guardian of, confirm
that she meets all the Debutante Cotillion these standards throughout the Debutante	participation criteria listed and understand that she must maintain
	ate in all events and programs relating to the Debutante Cotillion ly and the Epsilon Beta Lambda Foundation with the utmost
accurate and complete (as submitted) to t and/or misrepresentations will result in	all contents of the Debutante Cotillion Program application are the best of my knowledge. I understand that falsified statements immediate dismissal from the program and forfeiture of the tives of the Debutante Cotillion Program committee to verify in packet.
Foundation and Cotillion Debutante Programme	n will be kept in strict confidence by the Epsilon Beta Lambda ram Committee. I grant permission to the Epsilon Beta Lambda se images or likeness thereof to help promote the Cotillion
	rovided truthful and complete information in this application and f there are questions or concerns about my application package.
Parent/Guardian Signature:	Date:
Debutante Sionature	Date:



RECOMMENDATION FORM

Debutante:				
How long have you known the applicant and in wha	it capacity ha	ve you kno	own her?	
What words come to mind when you think of the ap	oplicant?			
Please circle the answer which best applies to each a				
Integrity (consistent in principles, values, and actions)	Strongly Agree	Agree	Disagree	Strongly Disagree
School and Community Service(participates in school activities and involved in community service)				
Character (displays sound judgment and high moral values)				
Relationship with Peers (positively influence and works well with others)				
Academic Motivation (studious, engaged in class and makes good grades)				
Positive Attitude (displays friendly disposition, helpful and encouraging to others)				
Responsibility (personally accountable for actions and fulfills commitment)				
Please comment briefly about the applicant's person	ality, charact	er, academ	nic aspirations	s, citizenship,
Printed Name:				
Signature:	Date	:		