Guidelines for the completion and submission of the Undergraduate Legacy Application are specified below. Although an undergraduate chapter does not vote upon an applicant for membership under the legacy provision, all requirements for membership must be met.

1. A family member soror may obtain an Undergraduate Legacy Application from the Basileus of the chapter of where she is a member or from the Graduate Advisor of the undergraduate chapter in where her daughter, adopted daughter, stepdaughter, granddaughter, or legal ward* desires membership.
   *(*For Alpha Kappa Alpha Sorority, Incorporated, a legal ward is defined as one whose permanent care, control and custody legally have been placed with a soror by an appropriate court of law. Candidate must provide court documentation that reflects she is a legal ward.)*

   Article IV, Section 14 *Constitution and Bylaws* states, "The living family-member soror must have been active for at least two (2) years immediately preceding the membership application for the undergraduate legacy candidate." Two years equal twenty-four (24) consecutive months.
2. The top portion of the Undergraduate Legacy Application should be completed by the applicant. The remaining portion of the Undergraduate Legacy Application should be completed by the family member soror.
3. Upon completion of the Undergraduate Legacy Application, the family member soror should sign it. If she is a member of a chapter, she must obtain the signature of her chapter Basileus. *Falsification of any information on the Undergraduate Legacy Application provided by the family member soror makes her subject to a penalty, which may include expulsion. Further, if it is determined by the Corporate Office that any information provided on the Undergraduate Legacy Application is false, the applicant will not be approved for membership.*

   Per Article IV, Section 39 of the *Constitution and Bylaws, "***Any soror determined to have been ineligible for membership following her initiation in Alpha Kappa Alpha Sorority, Incorporated, because of the revelation or submission of fraudulent information or documents, shall on the recommendation of the Regional Director, and by majority vote of the Directorate, have her membership revoked until the next Boule at which time a vote on expulsion will be taken."**
4. The family member soror should give the completed and signed Undergraduate Legacy Application to her daughter, adopted daughter, stepdaughter, granddaughter, or legal ward prior to the Rush program.
5. The applicant shall take her official transcript, the completed Undergraduate Legacy Application, Undergraduate Membership Interest Application, two letters of reference, at least one Evidence of Community/Campus Involvement Form, an official letter from the college/university registrar for verification of full-time status, and the Letter of Interest to the Formal Rush.
6. The credentials of the legacy applicant are included with the packet of membership credentials of other prospective candidates.
7. It shall be the responsibility of the Corporate Office staff to verify the information on the Undergraduate Legacy Application. If any information on the application cannot be verified, the Corporate Office staff may request that the family-member soror provide additional documentation within a specified time.

8. When action has been taken in the Undergraduate Legacy Application, the Corporate Office staff will notify the Regional Director. The Regional Director shall notify the undergraduate chapter and Graduate Advisor of the status of the Undergraduate Legacy Application submitted. By sending a Letter of Acceptance or Letter of Regret, the chapter shall notify the legacy applicant of the action taken on her application at the same time that all other prospective candidates receive notification regarding their eligibility for membership.

Instructions: This application must be completed by the living family member Soror and attached to the Alpha Kappa Alpha Sorority, Inc. ® *Undergraduate Membership Interest Application*. Article IV, Section 14 of the *Constitution and Bylaws* states, "Any undergraduate who applies for membership under the legacy provision must meet all of the qualifications required for undergraduate membership. She will not be subject to a vote by the chapter." **If family member is deceased, candidate only completes Part A and B and sign in the appropriate space below.** *Facsimile and scanned Undergraduate Legacy Applications will not be accepted.*

Part A – Prospective Legacy Candidate

_____ _____ _____ _____
Last Name Legal First Name Middle Initial Chapter of Interest

Classification_____ Degree Pursued_____ Sem. GPA_____ Cum. GPA _____
(Freshman, Sophomore, etc.)

I affirm that the information provided in this application is true and correct. I understand falsification of any information on this application is subject to expulsion of my membership in Alpha Kappa Alpha Sorority, Inc. ®

Signature of Legacy Candidate: _____

Part B – Family Member Soror Information

Article IV, section 14 Constitution and Bylaws states, "The living family member soror must have been active for at least two (2) years immediately preceding the membership application for the undergraduate Legacy Candidate." Two (2) years is considered as twenty-four (24) consecutive months. If you pay per capita fees late or per capita fees are submitted by your chapter after the deadline, you no longer have 24 consecutive months of financial activity. (Please check with the AKA Corporate Office to ensure that you meet the eligibility requirements for legacy status.)

Relationship to Legacy Candidate **(Circle One)**: Daughter/ Stepdaughter / Adopted Daughter / Granddaughter/ Legal Ward

_____ _____ _____ _____
Last Name First Name Middle Financial Card Number

_____ _____
Current Chapter/General Membership Region

_____ _____ _____
Home Address City/State/Zip Code Phone (include area code)

_____ _____ _____
Chapter and Year of Initiation College or University City / State

Is family member Soror living? Yes ___ No ___ If deceased, please list names previously used: _____

*****Only complete this section if the family member Soror is living*****

Part C – Commitment and Affirmation Statement

What responsibility, action or resources will you provide to this Legacy Candidate to ensure an active, lifelong commitment to Alpha Kappa Alpha Sorority, Incorporated® and adherence to the Sorority's Anti-Hazing Policy throughout her membership?

_____

_____

_____

I affirm that the information provided in this application is true and correct. I understand falsification of any information on this application is subject to expulsion of the Legacy Candidate's as well as my membership in Alpha Kappa Alpha Sorority, Inc.

_____ _____
Signature of Family Member Soror Date

_____ _____
Signature of Family Member Soror's Chapter Basileus Date

_____ _____
Signature of Family Member Soror's Chapter Grammateus Date

For Corporate Office Use:

Deceased Membership _____ **Approved _____** **Rejected _____**