

Section III

Graduate Legacy Application

Instructions: This application must be completed in its entirety by the living family member Soror and attached to the Alpha Kappa Alpha Sorority, Inc. Membership Recommendation Form-Sponsor. Article IV, Section 30 of the *Constitution and Bylaws* states, "The Legacy Candidate must meet all of the qualifications required for graduate membership. The prospective legacy will not be subject to a vote by the chapter." **If family member is deceased, Sponsor only completes Part A and B and sign the appropriate space below.** *Facsimile and scanned Legacy Applications will not be accepted.*

Part A-Prospective Legacy Candidate

Last Name First Name Middle Initial Chapter of Interest
Degree Obtained _____ Cumulative GPA _____
Sponsor's Name: Last _____ First _____ Financial Number _____

Part B-Family Member Soror Information

Article IV, Section 30, *Constitution and Bylaws*, "The living family member soror must have been active for at least two (2) years (24 months) immediately preceding the presentation of the recommendation for the Legacy Candidate." If you pay late each year, you no longer have 24 consecutive months of financial activity, therefore, you are not eligible to provide Legacy status to your family member.

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

Last Name First Name Middle Initial Financial 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: _____

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.

Sponsor Signature: _____

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

Part C-Commitment and Affirmation Statement

What responsibility, action or resource 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-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 my membership in Alpha Kappa Alpha Sorority, Incorporated.

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:

Verification of two (2) years _____ Deceased Membership _____ Approved _____ Rejected _____
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