Alpha Kappa Alpha Sorority, Inc.®
Upsilon Epsilon Omega Chapter
In collaboration with Ladies of Vision Charities, Inc.

Precious Pearls Cotillion

2025-2026

Debutante Cotillion Application Package

Alpha Kappa Alpha Sorority, Inc.® Upsilon Epsilon Omega Chapter
In Collaboration with Ladies of Vision Charities, Inc.
Precious Pearls Debutante Cotillion Application

Greetings Participants and Parents,

The Alpha Kappa Alpha Sorority, Inc.® Upsilon Epsilon Omega Chapter in collaboration with Ladies of Vision Charities, Inc. are currently accepting applications for its **2025 – 2026 Precious Pearls Debutante Cotillion Program**. The Precious Pearls Debutante Cotillion Program is an excellent opportunity for young ladies in Baltimore County and surrounding areas to experience a wide array of cultural, academic, and social activities, while obtaining scholarship funds to support their future education and career endeavors. The Precious Pearls Debutante Cotillion Program is open to high school juniors and seniors, who demonstrate exemplary academic achievement, possess exceptional character, and have outstanding involvement in extracurricular activities and community service. The 2025-2026 cotillion program will commence in January 2026 with the cotillion ball scheduled for early June 2026. The cost of the program is $550 plus a $50 application fee.

The Upsilon Epsilon Omega Chapter and the Ladies of Vision (LOV) Charities support education, the community, health initiatives, youth development, the arts, and families. In addition to our community impact, we also provide scholarships to high school and college students who live or attend school in Baltimore County. Over the past 17 years, with support from the community, the Upsilon Epsilon Omega Chapter and Ladies of Vision Charities, Inc. has awarded over $150,000 in Cotillion scholarships.

Please read the attached materials carefully and be mindful of the program requirements. Your completed application, all requested information, and the $50 application fee must be submitted electronically by **Saturday, November 15, 2025.** Applications should be emailed to **PreciousPearlsCotillion@lovcharities.org.** Application fees may be submitted via Zelle at ***treasurer@lovcharities.org or https://bit.ly/2025-2026PreciousPearlsCotillion***. Please scan all documents to create one PDF file for the completed application. ***The file name should be last name, first name. 2026 Cotillion Application.***

Incomplete and/or late applications will not be considered. We thank you for your interest and look forward to reviewing your application. If there are any questions, please contact Mrs. Ronicsa Chambers at **PreciousPearlsCotillion@lovcharities.org**.

Warmest Regards,

Dr. Nakiya Showell-Bart
President
Upsilon Epsilon Omega Chapter

Dr. Shaneka Parham
President
Ladies of Vision Charities, Inc.

Mrs. Ronicsa Chambers
Precious Pearls Cotillion Chairperson

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Eligibility Requirements

All applicants must meet the minimum eligibility requirements listed below to participate as a part of the Precious Pearls Cotillion Program.

All applicants must be:

- Currently enrolled as a junior or senior in high school
- 15-18 years of age on or before August 1, 2025
- Be of good character and reputation
- Hold a minimum academic average of 2.7 cumulative GPA
- Provide proof of completion of at least thirty (30) hours of community service
- Complete the Precious Pearls Debutante Cotillion Program Application

Name_____
First Name Middle (Complete) Last Name

Mailing
Address_____

_____
City State Zip Code

Home Phone (_____)_____ Cell Phone (_____)_____Birth Date_____
Month Date Year

Participant's E-mail address_____
(An active email address is required: you will be notified by email if accepted into the program.)

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SCHOOL INFORMATION

Name of High School: _____

Mailing Address: _____
Number and Street

_____
City State Zip Code

Cumulative Grade Point Average: _____ *(Attach unofficial Transcript)*

School Principal: _____ School Counselor: _____

PARENT/GUARDIAN INFORMATION

Mother/Guardian Name: _____
First Name Middle Last Name

Mother/Guardian Email: _____ Mother/Guardian Cell: _____

Father/Guardian Name: _____
First Name Middle Last Name

Father/Guardian Email: _____ Father/Guardian Cell: _____

Are you able to commit to the cotillion program that will run from January-June with activities that primarily occur two weekends a month? _____Yes _____No

Do you anticipate being employed during the cotillion program period? _____Yes _____No

If your answer is "Yes", please estimate the number of hours and days. Hours_____ Days_____

Do you have any special needs that we need to be aware of if selected? If yes, please describe:

_____

_____

Do you have any allergies? If yes, please describe:

_____

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CAREER AND EDUCATIONAL GOALS

Career Interests:

_____

Prospective college(s) (if known) _____

Intended Major/Concentration (if known) _____

PERSONAL INFORMATION

Hobbies

Organizational Affiliations (school, community, church)

Personal Accomplishments

Honors/Awards

High School Community Service (Include timeframes)

How did you hear about the Cotillion Program?

Essay Information

Application must include a 300-400-word essay on the question below. Your essay should not exceed two pages and should be typed, double-spaced, 12-font (no script font) with 1" margins. Please complete your essay and attach your application on a separate sheet of paper. Please include your name, email address and your essay response to the following question.

How can the Precious Pearls Debutante Cotillion Program be an important part of my personal development?

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Recommendation Form

(To be completed by Teacher, Principal or Counselor)

The following student is seeking to be a participant in the Alpha Kappa Alpha Sorority, Inc®, Upsilon Epsilon Omega Chapter in collaboration with Ladies of Vision Charities, Inc. Precious Pearls Cotillion. Please complete the following information and email to Ladies of Vision Charities, Inc. at **PreciousPearlsCotillion@lovcharities.org** no later than Saturday, November 15, 2025.

Applicant's Full Name (Print) _____

Your Position _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

_____

Based on your knowledge of the applicant, please complete the following:

	Outstanding	Good	Fair	Poor
Intellectual Ability				
Leadership				
Creativity and Imagination				
Maturity and Judgment				
Motivation and Initiative				
Personal Integrity				
Ability to get along with peers				
Poise				

Please attach additional sheet to make additional comments.

Signature _____ Date _____

Name (Print) _____ Title _____

Address _____

City _____ State _____ Zip _____ Phone _____

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www.akaueo.org
P.O. Box 21232
Catonsville, MD 21228

Ladies of Vision Charities, Inc.
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Participation Contract

By signing this form below, I affirm that all contents of the 2025 – 2026 Precious Pearls Debutante Cotillion Program application are accurate and complete (as submitted) to the best of my knowledge. I understand that falsified statements and misrepresentations will result in immediate dismissal from the program and that any fees paid up to that point are non-refundable. I authorize representatives of the 2025 - 2026 Precious Pearls Cotillion Program committee to verify statements made in the attached application packet.

I agree that, as a participant, I will:

- Pay a $50 non-refundable Program Deposit fee at the time of application;
- Pay the $550 non-refundable Program fee by the agreed upon payment schedule;
- Raise a minimum of $500 in fundraising;
- Sell a designated number of Cotillion Ball tickets;
- Attend all programs/activities. I understand that I can be dismissed from the program for not complying with the attendance policy. **Two excused absences will be allowed;** and
- Participate to my fullest in all events and programs relating to the Precious Pearls Cotillion Program and represent myself, my family and the Alpha Kappa Alpha Sorority, Inc.®, Upsilon Epsilon Omega Chapter and The Ladies of Vision Charities, Inc. with the utmost courtesy and respect.

Applicant Name: _____

Applicant Signature:_____Date: _____

Parent/Guardian

By signing this form below, I affirm that all contents of the 2025 – 2026 Precious Pearls Cotillion Program application are accurate and complete (as submitted) to the best of my knowledge. I understand that falsified statements and misrepresentations will result in my daughter's immediate dismissal from the program and that the Program Fee is non-refundable. I authorize representatives of the 2025 - 2026 Precious Pearls Cotillion Program committee to verify statements made in the attached application packet. **I acknowledge that the program fees are non-refundable and will not be returned regardless of my daughter's participation.**

Parent's Name: _____

Parent's Signature: _____ Date: _____

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Media Release Form

I hereby grant Alpha Kappa Alpha Sorority, Inc. ® Upsilon Epsilon Omega Chapter and the Ladies of Vision Charities, Inc. permission to use my or my child/children's likeness in a photograph/video in all its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of Alpha Kappa Alpha Sorority, Inc. ® Upsilon Epsilon Omega Chapter and the Ladies of Vision Charities, Inc. and will not be returned.

I hereby irrevocably authorize Alpha Kappa Alpha Sorority, Inc. ® Upsilon Epsilon Omega Chapter and the Ladies of Vision Charities, Inc. to edit, alter, copy, exhibit, publish or distribute this photo/video for purposes of publicizing Alpha Kappa Alpha Sorority, Inc. ® Upsilon Epsilon Omega chapter and the Ladies of Vision Charities, Inc. programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein I or my child/children's likeness appears.

I hereby hold harmless and release and forever discharge Alpha Kappa Alpha Sorority, Inc. ® Upsilon Epsilon Omega and the Ladies of Vision Charities, Inc. from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

I hereby certify that I am the parent or guardian and do here by giving my consent without reservation to the foregoing on behalf of myself and this person.

_____ _____

(Parent/Guardian Printed Name) (Parent/Guardian Signature)

_____

(Date)

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Participation Certification Form

It is the expectation of Alpha Kappa Alpha Sorority, Inc.®, Upsilon Epsilon Omega chapter and The Ladies of Vision Charities, Inc. that participants in the Precious Pearls Cotillion Program adhere to the tenets of high ethical standards, moral behavior and those attributes that are uplifting in mind, body, and spirit. She should refrain from inappropriate use of social networks, i.e., TikTok, Facebook, Instagram, Vine, Snapchat, YouTube, Tumbler, etc.

Alpha Kappa Alpha Sorority, Inc.®, Upsilon Epsilon Omega chapter and The Ladies of Vision Charities, Inc. retain the right to exercise exclusive control, regarding the participation of any applicant in the Precious Pearls Cotillion Program by declining an applicant's participation; withdrawing the privilege of participation; and by further declining any participant's participation in the Debutante Cotillion.

Each participant is requested to certify and affirm the truthfulness of each of the following statements by initialing each block and signing at the bottom of this certification.

_____ I am neither married, nor have I ever been married, nor will I become married prior to or during the Precious Pearls Cotillion Program 2025 - 2026.

_____ I am not pregnant, nor will I become pregnant prior to or during the Precious Pearls Cotillion Program 2025 - 2026.

_____ I am not currently the subject of an arrest.

_____ I have neither been charged, nor convicted of a criminal violation, nor have I ever been the subject of any prior criminal violation, or any other violation of a rule or policy that reflects poor moral character.

_____ I will not use illegal drugs or alcohol while participating in the Precious Pearls Cotillion Program.

_____ I am neither the subject of a pending suspension or expulsion, nor have I ever been suspended or expelled from any school for any reason.

In the event of a change of circumstance after the date of this certification regarding any matter contained Herein, I will immediately and forthrightly notify the Cotillion Chairman of the details of any such matter, with the full understanding that the Alpha Kappa Alpha Sorority, Inc. ®, Upsilon Epsilon Omega Chapter and the Ladies of Vision Charities, Inc. retain the exclusive rights, at any time, to decline my participation for failure to adhere to all participation criteria.

_____ _____

(Applicant Signature) (Date) (Parent/Guardian Signature) (Date)

_____ _____

(Applicant Printed Name) (Parent/Guardian Printed Name)

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Prospective Debutante Package Checklist

All applications must be completed in their entirety to be reviewed and considered. Applications must be typed. *The Precious Pearls Debutante Cotillion Program Committee reserves the right to eliminate any incomplete, unsigned, late, or illegible applications.* Before submitting your application, be sure that the following items in the checklist below have been enclosed.

☐ $50.00 Program Fee Deposit: Cashier's check or money order with the application, Zelle using ***treasurer@lovcharities.org*** or ***https://bit.ly/2025-2026PreciousPearlsCotillion.***

☐ One (1) original COMPLETED application package

☐ One (1) Unofficial Transcript

☐ One (1) Required typed Essay.

☐ One (1) Recommendation Form

☐ Proof of Community Service Hours

Completed applications must be emailed to **PreciousPearlsCotillion@lovcharities.org** **by Saturday, November 15, 2025.** Scan all documents to create one PDF file for the completed application. ***The file name should be last name, first name. 2025 Cotillion Application.*** Please note that no other file formats will be accepted (Word, JPG, etc.).

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