

Leadership Mentoring Opportunities Foundation

2019 "DIVINE 9 STEPS" APPLICATION

Due at time of payment. DEADLINE on or before Tuesday, April 30, 2019

CHECK ALL THAT APPLY:

<u>NPHC Sorority</u>	<u>NPHC Fraternity</u>
<input type="radio"/> <i>Alpha Kappa Alpha Sorority, Inc.</i>	<input type="radio"/> <i>Alpha Phi Alpha Fraternity, Inc.</i>
<input type="radio"/> <i>Delta Sigma Theta Sorority, Inc.</i>	<input type="radio"/> <i>Kappa Alpha Psi Fraternity, Inc.</i>
<input type="radio"/> <i>Zeta Phi Beta Sorority, Inc.</i>	<input type="radio"/> <i>Omega Psi Phi Fraternity, Inc.</i>
<input type="radio"/> <i>Sigma Gamma Rho Sorority, Inc.</i>	<input type="radio"/> <i>Phi Beta Sigma Fraternity, Inc.</i>
	<input type="radio"/> <i>Iota Phi Theta Fraternity, Inc.</i>
<u>Chapter Category</u>	<u>Team/Chapter's Name</u>
<input type="radio"/> Graduate	
<input type="radio"/> Undergraduate	

~ Participant Information Step Team (First and Last Name) Maximum: 15 ~

1.	9.
2.	10.
3.	11.
4.	12.
5.	13.
6.	14.
7.	15.
8.	(1) Alternate:

~ Prop Personnel Only (First and Last Name must be listed) Maximum: 5 ~

1.	4.
2.	5.
3.	

X		__/__/__
<i>Signature of Graduate Advisor/GA Council attending</i>	<i>Telephone Contact/Email</i>	<i>Date</i>
X		__/__/__
<i>Signature of Step Master/ Committee Chairman</i>	<i>Telephone Contact/Email</i>	<i>Date</i>

Please save and email to sharrieffaisha@gmail.com.

OFFICE USE ONLY

Date Recv'd: __/__/__ Form of Payment: ___Cash___ ___Check#___ ___Major CC___