



**DEBUTANTE RECOMMENDATION FORM**

Sponsored by the *Ivy Foundation of Northern Virginia, Incorporated*  
&  
*Alpha Kappa Alpha Sorority, Incorporated®*, Zeta Chi Omega Chapter  
Post Office Box 4090  
Arlington, VA 22204

PROSPECTIVE DEBUTANTE NAME \_\_\_\_\_  
(Full Name)

ADDRESS \_\_\_\_\_

TELEPHONE (include area code) \_\_\_\_\_  
(Home) (Cell) (Other)

E-MAIL ADDRESS \_\_\_\_\_

AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

NAMES OF PARENTS or GUARDIANS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

TELEPHONE (include area code) \_\_\_\_\_  
(Home) (Cell) (Other)

*If you do not have a sponsor\*, please provide 2 letters of recommendations – from teachers, counselors, and/or clergy.*

**SPONSOR'S INFORMATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE (include area code) \_\_\_\_\_  
(Home) (Cell) (Other)

E-MAIL ADDRESS \_\_\_\_\_

**CO-SPONSOR'S INFORMATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE (include area code) \_\_\_\_\_  
(Home) (Cell) (Other)

E-MAIL ADDRESS \_\_\_\_\_

**PLEASE RETURN, VIA EMAIL, BY OCTOBER 31st TO:** Adria M. Tippins-Owens at [ifnvcotillion@gmail.com](mailto:ifnvcotillion@gmail.com)

**\*Sponsors and Co-sponsors must be members of Zeta Chi Omega chapter who are in good standing.  
Sponsors/Co-Sponsors will be assigned to applicants who are not affiliated with a Zeta Chi Omega chapter member.**