

Type or Print in Ink

**NORTH CENTRAL PROVINCE  
KAPPA ALPHA PSI FRATERNITY, INC.**



**Candidacy for Province Office - Questionnaire, Consent and Certification**  
(Please limit statements to the space provided. Exhaustive treatises will not be processed.)

I, \_\_\_\_\_, do hereby give consent to nomination for  
the office of \_\_\_\_\_ at the 95<sup>th</sup> North Central Province  
Council of KAPPA ALPHA PSI FRATERNITY.

Address: \_\_\_\_\_ Telephone No. – Home \_\_\_\_\_  
(street)

\_\_\_\_\_ Telephone No – Work \_\_\_\_\_  
City State Zip

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Chapter, College and year of initiation: \_\_\_\_\_

Current Chapter: \_\_\_\_\_ GPA: \_\_\_\_\_

**NOTE: Undergraduate candidates must include a current transcript with their petition.**

Indicate Elected (E) and Appointed (A) Offices, or Chairmanships (C) Held, if any in:

**A. Grand Chapter/Years      B. Province/Years      C. Local Chapter/Years**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Other Organizations (give names of organizations, years and duties performed)**

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**Briefly state any outstanding accomplishments while in office:**

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**List frequency of participation (most recent years first) at:**

**A. Grand Chapter Meetings**

**B. Province Councils**

_____
_____
_____
_____

_____
_____
_____
_____

**Give your formal training (most recent first; if student indicate anticipated date of graduation.)**

<b>College</b>	<b>Years Attended</b>	<b>Field</b>	<b>Degree Attained</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Employment Experiences (most recent first; if student, state career interest)**

<b>Firm</b>	<b>Position or Duties</b>	<b>City</b>	<b>Years</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

