



AKA Money Camp
JUNE 16-20, 2008

Application
 www.akaumo.com



Student Information			
First	Last	Birthday	
Elementary or Middle School			Current Grade
Parent or Legal Guardian			
First name	Last name	Parent/Guardian	
Parent or Guardian Address/Phone			
Mailing Address			Telephone
City	State	Zip	Cell Phone
Email address:			
What do you want your child to learn in the money camp:			
Does your child have a Milwaukee Public Library card? Yes OR No			
Applicant's Demographics			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race (Optional): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other: _____	
AKA use only:			

Certification: I certify that this information is true. If any part is false, my child's participation in this program may be terminated. I also understand that the information in this application will be held in strict confidence within the organization and is accessible to me at any time.

Parent Signature _____ Date _____

Mail completed application to:
 Alpha Kappa Alpha Sorority, Inc. ~ Upsilon Mu Omega Chapter
 PO Box 510426
 Milwaukee, WI 53203