



International Kenpo Council of Grandmasters:  
**Rank Promotion Application**

All applications are subject to approval by the Council

(Mail Completed Forms to: 207-F Cambridge St. Burlington, MA 01803)

Recent Photo  
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(2 x 2)

**Personal Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Contact Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail \_\_\_\_\_

**Studio Information**

School or Affiliation \_\_\_\_\_

School Address \_\_\_\_\_ Suite# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

School Phone: \_\_\_\_\_ Current Instructor: \_\_\_\_\_

I am currently a \_\_\_\_\_ Degree Black Belt (Copy of all rank certificates must be attached)

Style \_\_\_\_\_ Instructor: \_\_\_\_\_ Instructor's Rank: \_\_\_\_\_

**Promotion History: Attach a copy of all prior rank certificates**

Rank	Date Promoted	Instructor (Please note if Deceased)	School/ Association
1 <sup>st</sup> Degree Black	_____	_____	_____
2 <sup>nd</sup> Degree Black	_____	_____	_____
3 <sup>rd</sup> Degree Black	_____	_____	_____
4 <sup>th</sup> Degree Black	_____	_____	_____
5 <sup>th</sup> Degree Black	_____	_____	_____
6 <sup>th</sup> Degree Black	_____	_____	_____
7 <sup>th</sup> Degree Black	_____	_____	_____
8 <sup>th</sup> Degree Black	_____	_____	_____
9 <sup>th</sup> Degree Black	_____	_____	_____
10 <sup>th</sup> Degree Black	_____	_____	_____

Please provide a brief summary of your start in the martial arts in one or two sentences:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Seminar Information**

Seminar	Date	Organization/Affiliation

Please attach additional sheet if necessary.

**Instructor Information** (Teaching experience)

Type of Instruction	Time Span	Organization/Affiliation

Please attach additional sheet if necessary.

**Publications and Appearances** (Including TV shows, Radio shows, Magazines, Newspaper articles etc)

Publication Type	Date

Please attach additional sheet if necessary.

**Recognitions/ Awards** (Hall of Fame Inductions, Special Appreciation Awards etc)

Award	Date	Organization/Affiliation

Please attach additional sheet if necessary.

**Other Achievements** (These can be positions held in the Martial Arts, Education and/or Community Service etc)

Achievement	Date	Organization/Affiliation

Please attach additional sheet if necessary.

If any information is not relevant please write "Not Applicable". All fields *must* be filled out!

For additional information regarding completion, please contact Cheryl Campo (857)266-1205