

## ALPHA KAPPA ALPHA SORORITY, INCORPORATED® Psi Psi Omega Chapter 2019-2020 Scholarship Application

Please check which scholarship apply	ying for: Service Leadership	o:"ThinkHBCU"	":
Full Name:	Name: Date of Birth:		
Permanent Address:			
City:County:	State	e:Zi	p Code:
Telephone Number:	Alterna	te Number:	
E-Mail Address:			
High School:		County:	
GPA/Class Rank:	SAT Score:	ACT Score: _	
School Counselor's Name/Telephor	ne Number:		
Date/Time of Senior Awards Progra	am:		
School Involvement (Include offices	held, honors, awards):		
Community Involvement:			
,			
Accomplishments (Include offices he	eld honors awards).		
recomplishments (include offices ne	id, hohors, awards).		
Have you been accepted by an accree	dited college? Yes	No	
If accepted, provide name of college	_		
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## ALPHA KAPPA ALPHA SORORITY, INCORPORATED® Psi Psi Omega Chapter

#### Statement of Acknowledgment:

As a condition of acceptance of this award, I the undersigned, agree that the information provided is correct and factual to the best of my knowledge. I understand that I must be a high school senior at the time of submission and must submit a fully completed application packet by the deadline. I also understand that this scholarship award is only for the 2019-2020 college school year.

By signing this application, I understand that by providing my photo with this application; should I be selected as an awardee, the photograph becomes the property of Alpha Kappa Alpha Sorority, Incorporated\*. I also herby grant Alpha Kappa Alpha Sorority, Incorporated\* permission to capture and reproduce via web media or printed publications, my name, likeness, and or photographs of me. All applications and essays become the property of Alpha Kappa Alpha Sorority, Incorporated\*.

Student Signature:	Date:
Parent Signature:	Date:



### ALPHA KAPPA ALPHA SORORITY, INCORPORATED® Psi Psi Omega Chapter

#### **Scholarship Essay**

This essay must be 450-500 words, typed in Times New Roman font, 12-point and double spaced. The essay is rated on content, depth, grammar, organization, originality, and addressing the specific topic for the scholarship topic you are applying. All essays must be included in this packet to be considered for a scholarship and becomes the property of Alpha Kappa Alpha Sorority, Incorporated\*, Psi Psi Omega Chapter.

#### **Essay Topics per Scholarship**

"ThinkHBCU": How have your experiences to date prepared you to be successful at an Historically Black College and University (HBCU) and to be a contributing member of society?

Service Leadership: Provide a quote that inspires you. Describe how it has influenced your life, leadership, and/or community service and how you envision it shaping your future?

Scholarship Checklist: Completed and signed application

- O An essay on scholarship topic (choose one)
  - o "ThinkHBCU"
  - Service Leadership
- Official Transcript (Unopened)
- College acceptance letter from an accredited college or university. If your college application is still under consideration, you must attach a letter from the college acknowledging receipt of your admissions application.
- O Two (2) letters of recommendation from non-family members
  - One (1) from a present faculty member from your high school
  - One (1) from a community member
- Applicant Photo
- O Application must be post marked by March 30, 2019

#### Submit the complete application packet by (postmarked) March 30, 2019 to:

Alpha Kappa Alpha Sorority, Incorporated®. Psi Psi Omega Chapter Post Office Box 33 Garrisonville, VA 22463

The scholarship award recipients will be notified by April 30, 2019. For additional information visit: <a href="www.staffordaka.com">www.staffordaka.com</a>, or you may contact Cherice F. Taylor, Scholarship Chair at <a href="mailto:chericemtaylor@gmail.com">chericemtaylor@gmail.com</a>.

#### PSI PSI OMEGA CHAPTER SCHOLARSHIP RECOMMENDATION FORM

# THIS SHEET SHOULD BE USED AS A COVER PAGE FOR EACH LETTER OF RECOMMENDATION

This form may be duplicated as many times as needed. Each candidate must have a *minimum* of two (2) but not more than three (3) letters of recommendation. Teachers, administrators, counselors, community agency representatives, and business/industry partners may submit letters of recommendation.

Name of Student Being Recommended:			
Name of High School:			
recogn the co	you for your assistance in evaluating this applicant who is applying for a scholarship that nizes a high school senior for outstanding academic achievement, leadership and/or service to mmunity. The most effective letters of recommendation will specifically address the questions considered by the selection committee.		
The se	election committee will consider the following questions:		
1.	How has the applicant promoted positive self-esteem and served as a role model for others? How has this been done <b>beyond</b> what is generally expected?		
2.	How has the applicant demonstrated <b>academic excellence</b> and achievement?		
3.	Has the applicant demonstrated an <b>interest in pursuing post-secondary education</b> , and if so, what have they done that demonstrates that they will successfully complete a post-secondary program?		
4.	What about the applicant's <b>character</b> distinguishes them as young adults?		
5.	How has the applicant been <b>a force of constructive change</b> in their school, church, home or community?		
Reco	mmended by: (Please type or print clearly)		
Name	:		
Conta	ct Number: Email Address:		
Relati	onship to Student:		

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