



**Alpha Kappa Alpha Sorority, Incorporated  
Psi Alpha Omega Chapter  
Scholarship Committee  
P.O. Box 2626  
Stockbridge, Georgia 30281**

Dear Student,

Alpha Kappa Alpha Sorority, Incorporated, Psi Alpha Omega Chapter will award several academic scholarships to graduating seniors who reside in or attend school in the Clayton and Henry County areas. Qualified applicants must be African American, have a minimum 2.5 overall grade point average, and plan to attend an accredited college or university.

All application packets must include the following:

- Completed Application (Typed)
- Application Essay (Typed 500 words or less)
- Official Transcript
- SAT or ACT Scores
- 1 Recommendation Letter (Academic)
- 1 Recommendation Letter (Character)
- College Acceptance Letter(s) to an accredited four-year college/university
- Attach headshot photo of yourself to the application no larger than 4X6 in size. This photo should be conservative. By signing this application, you release Alpha Kappa Alpha Sorority Incorporated, Psi Alpha Omega Chapter to use your photograph and biographical information for possible articles in the media.

*The academic recommendation letter must be completed by an academic teacher, counselor or administrator of the school in which you currently attend. The second recommendation may be from an individual familiar with your character, school activities, or community involvement.*

Applicants will be judged on: scholarship, character, school and community activities, essay, and interview.

**Scholarship packets must be postmarked no later than **March 3, 2017** and remitted to:**

**Alpha Kappa Alpha Sorority, Incorporated  
Psi Alpha Omega Chapter  
c/o Scholarship Committee  
P.O. Box 2626  
Stockbridge, GA 30281**

Thank you for your cooperation.

Educationally,  
Psi Alpha Omega Scholarship Committee  
Joycelyn Jackson, Co-Chairman



# Alpha Kappa Alpha Sorority, Incorporated

## Psi Alpha Omega Chapter

### Scholarship Application



**Directions:** Please type all requested information.

## APPLICANT INFORMATION

First Name		Middle Name		Last Name	
Street Address			City	State	Zip
Home Phone	Cell Phone	Email Address			
Date of Birth			Gender		
			<input type="checkbox"/> Female <input type="checkbox"/> Male		

## PARENT / GUARDIAN INFORMATION

1) Parent / Guardian Name		Relationship	
Phone Number		Email Address	
2) Parent / Guardian Name		Relationship	
Phone Number		Email Address	

## HIGH SCHOOL INFORMATION

High School Currently Attending			Overall GPA		
Address	City	State	Zip		

## COLLEGE ASPIRATIONS

Colleges / Universities You Applied To Or Plan to Apply	Intended Major or Field of Study
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# Alpha Kappa Alpha Sorority, Incorporated

## Psi Alpha Omega Chapter



### EXTRA-CURRICULAR / COMMUNITY ACTIVITIES

Name of Group / Activity	Grade (Check boxes that apply)				Positons Held (if applicable)
	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
Were you a member of any mentoring programs sponsored by Alpha Kappa Alpha Sorority, Incorporated, Psi Alpha Omega Chapter or the Southern Crescent Pearls Foundation?      YES                  NO					If Yes, please list the program and date(s) of participation: _____ _____

### HONORS / AWARDS / RECOGNITIONS

Award	Grade (Check boxes that apply)				Source / Reason for Award
	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					



# Alpha Kappa Alpha Sorority, Incorporated Psi Alpha Omega Chapter



## ESSAY

In five hundred (500) words or less, please share why you should be considered for the Alpha Kappa Alpha Sorority, Incorporated, Psi Alpha Omega Chapter Scholarship. How does your life's purpose connect to the ideals of Alpha Kappa Alpha Sorority, Incorporated? Please use the space provided.

## SIGNATURES

**I have provided truthful and complete information in this application and understand the requirements of this program. I understand that if I am a recipient of this scholarship award, that my awarded amount will be submitted on my behalf to the accredited four year college/university in which full-time enrollment has been verified. I forfeit the awarded amount if I do not attend an accredited four-year college/university and I am not enrolled as a full-time student.**

Applicant's Signature

Date

Parent / Guardian's Signature

Date