



**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 supports Historically Black Colleges and Universities (HBCU) through an international program target, Think HBCUSM. Through education, engagement and advocacy, HBCUs are showcased as critical venue for moving students to and through college. This year, Alpha Kappa Alpha Sorority, Incorporated, Psi Alpha Omega Chapter will award several academic scholarships in support of Think HBCUSM to graduating seniors who reside in or attend school in the Clayton and Henry County areas that are: African American; have a minimum 2.5 overall grade point average; and plan to attend an accredited Historically Black College or University (HBCU).

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 Historically Black College or University (HBCU)
- 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. Relatives should not be used for recommendation letters.

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

Completed 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**

Educationally,
Psi Alpha Omega Scholarship Committee

Joycelyn Jackson, Co-Chairman
LaNekia Pruitt, Co-Chairman



Alpha Kappa Alpha Sorority, Incorporated
Psi Alpha Omega Chapter
Think HBCUSM 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		
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

Historically Black College or University You Applied To or Plan to Apply
Intended Major / Field of Study

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 th	10 th	11 th	12 th	
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 th	10 th	11 th	12 th	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					



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ESSAY

In five hundred (500) words or less, please share “Explain why you believe HBCUs are still a necessary option for higher education. Why did you choose to attend a Historically Black College or University (HBCU) over another type of institution?” 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 HBCU in which full-time enrollment has been verified. I forfeit the awarded amount if I do not attend an accredited Historically Black College or University.

Applicant's Signature

Date

Parent / Guardian's Signature

Date