



Alpha Kappa Alpha Sorority, Incorporated®

Zeta Beta Omega Chapter

Flint, MI 48501



SCHOLAR

SHIP APPLICATION

Application Requirements/Information:

- Special consideration is given to students from disadvantaged backgrounds. In order to be considered disadvantaged, applicants must be able to demonstrate they come from either an economically disadvantaged or environmentally/educationally disadvantaged background. Award amounts will vary and be determined based on the applicant's strong academic performance, the number of scholarships to be awarded and the level of demonstrated need.
- Applicants must be a graduating senior residing in Genesee County.
- Complete and sign the application form (see attached)
- Initial the **"Release of Confidential Information"** section (parent/guardian must initial for minors)
- Official transcript (**include the school seal**) which must include your ACT or SAT scores
- Two (2) letters of recommendation addressing character, scholastic and/or leadership abilities
 1. School personnel (e.g. teacher, counselor, coach or principal)
 2. Community member (e.g. church member, employer, mentor, scouts, auxiliaries)
- Essay question: **(500 words or less) Use Times Roman or Arial Font**
 1. At the start of the new decade, it appears our society is becoming increasingly divided. Topics as benign as "hairstyles" or as provoking as racism and immigration seem to cause big and often cruel debates among many with no resolutions or middle ground in sight. What are your thoughts on this "division" and how would you or could you bridge the divide? Explain your answer.
 2. Five (5) paragraph minimum
 3. Typed, double-spaced, proof-read and attached to application form,

Application Deadline – Must be Postmarked by May 15, 2020

Submit Information To:

Alpha Kappa Alpha Sorority, Incorporated®

Zeta Beta Omega Chapter

P.O. Box 77

Flint, MI 48501

Alpha Kappa Alpha Sorority, Incorporated®

Zeta Beta Omega Chapter

Flint MI 48501

2020 Scholarship Application Form

Deadline: Postmarked by May 15, 2020

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

Date of Birth: _____ Age: _____ Gender: ☐ Male ☐ Female

School: _____ Graduation Date: _____

Email address: _____

Are you a first-generation college student? Y or N, if no, how many currently in college _____

Complete the Following Information:

GPA:	SAT Score:	ACT score:
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List School Involvement/NHS/Sports Affiliations: Positions Held:

List Community Service /Work experience: Location:

List the Top 3 Colleges you've applied to: Colleges Accepted To:

Release of Confidential Information: Alpha Kappa Alpha Sorority, Incorporated®, Zeta Beta Omega Chapter has our consent to receive the academic records from the school counselor or other school representative. I confirm that the information contained in this application is correct and can be verified. (Initial _____)

Student Signature

Date

Parent/Guardian Signature

Date