**Scholarship Application Package**



Alpha Kappa Alpha Sorority, Inc.

Beta Chi Omega Chapter

Roanoke, Va.

Beta Chi Omega Chapter

Alpha Kappa Alpha Sorority, Inc.

P.O. Box 13891

Roanoke, VA 24038

Dear Graduating High School Senior,

The Beta Chi Omega Chapter of Alpha Kappa Alpha Sorority, Inc. is an organization of college-educated women dedicated to serving this community. One of our most important goals is to provide scholarships to graduating high school seniors from the Roanoke Valley and surrounding counties so that they can further their education.

These scholarships are awarded based on academic achievement and financial need. Please find enclosed in this packet an application for our scholarships. Applicants must complete the entire scholarship application to be considered. A checklist is included to guide you through the process. The deadline for submitting all documents is April 1, 2019. If you have any questions, please contact me at haleycarolyn9@gmail.com

We wish you luck as you finish your high school career and make plans for an exciting future!

Sincerely,

Carolyn E. Haley, Ed.D.

Chairperson

**Sheyonn Baker**

President

Applicant’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class rank: \_\_\_\_/\_\_\_\_ GPA\_\_\_\_\_\_\_

**\*Applicant must have a cumulative average of at least a “C”**

\*Please attach the following:

1. Recent photo of yourself (to be used for publication):
   * Pictures can be scanned and emailed to haleycarolyn9@gmail.com
2. Sealed copy of your high school transcript
3. Copy of your SAT and/or ACT scores
4. Letter of recommendation from two references:
   * Letters must include the applicant’s name, as well as the letter writer’s full name, title, address, email address, current telephone number, and signature.
5. Detailed resume` including: volunteer experiences, work history, any honors and achievements you have received and extracurricular activities
6. A typed document briefly explaining (in at least 250 words) your purpose in applying for a scholarship through this organization and your future plans

Name of the Alpha Kappa Alpha member recommending you, if applicable must be Active and in Good Standing with the Sorority:

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

Are any of your relatives a member of Alpha Kappa Alpha Sorority, Inc. in Good Standing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please give names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has either of your parents or any siblings attended college? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has either of your parents or any siblings graduated from a four-year college?\_\_\_\_\_\_\_

Where is the college to which you are applying? Check one: \_\_\_In state \_\_Out of state

List all colleges to which you have been accepted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Father’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of people in household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of family members in college: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total family income: $10,000 - $25,000 \_\_\_\_\_\_\_\_\_

$25,001 - $35,000 \_\_\_\_\_\_\_\_\_\_

$35,001 - $45,000 \_\_\_\_\_\_\_\_\_\_

$45,001 and over \_\_\_\_\_\_\_\_\_\_

Are you from a single parent household? Yes\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_

With your signature, you certify that the enclosed information is a true representation of you, the applicant.

Applicant’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATIONS MUST BE POSTMARKED BY APRIL 1, 2019.**

Return application to: Alpha Kappa Alpha Sorority, Inc.

Beta Chi Omega Chapter

Attn: Scholarship Committee

P.O. Box 13891

Roanoke, VA 24038

**Scholarship Applicant Checklist**

*Disbursement of all scholarship awards shall be contingent on receipt of proof of enrollment from an accredited college or university.*

|  |  |  |
| --- | --- | --- |
| **Form/Document** | **Instruction** | **Task Completed** |
| **Application Form** | Application must be completed and signed by both the applicant and a parent/guardian. |  |
| **Recent Photo** | Please include a recent photograph to be used for publications. Send to haleycarolyn9@gmail.com |  |
| **Sealed/Official High School Transcript** | Transcripts must be submitted in an official sealed envelope. |  |
| **Copy of your SAT and/or ACT scores.** | Must be an official college board document. |  |
| **Two letter of Recommendation** | Letters must include the applicant’s name, as well as the letter writer’s full name, title, address, email address, current telephone number, and signature. |  |
| **Resume`** | Include volunteer experiences, work history, any honors and achievements you have received and extracurricular activities. |  |
| **Short Essay** | A typed document briefly explaining (in at least 250 words) your purpose in applying for a scholarship through this organization and your future plans. |  |