



# Alpha Kappa Alpha Sorority, Incorporated

BETA CHI OMEGA

## Scholarship Application Package

Alpha Kappa Alpha Sorority, Inc.® Beta Chi Omega Chapter was chartered in Roanoke, VA on December 3, 1938. This year, we observed our 85th anniversary of service to the Roanoke Valley. 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 educational endeavors at an accredited college or university.

Scholarships are awarded based on academic achievement and financial need. Please find enclosed a scholarship application packet.

### To be considered for a scholarship, students must:

- Complete the entire application form (2 pages) by responding to all areas on the application.
- Submit two (2) signed letters of recommendation from individuals who can attest to your character, academic preparation, and community service (letters do not need to be submitted in sealed envelopes).
- Submit an official transcript that is signed by your school counselor and mailed in a sealed envelope from the high school that you are attending.
- Submit a resumé; and
- Submit a short essay of at least 250 words, not to exceed 300 words, indicating “why” you are interested in receiving a scholarship from Alpha Kappa Alpha Sorority, Inc.® Beta Chi Omega Chapter.

A checklist is included to ensure that you have completed and included all necessary documents to complete your application.

The deadline for submitting all documents is **Friday, June 21, 2024**. All application submissions are final as of that deadline with no exception. Late submissions will not be accepted for consideration for an award.

If you have questions, please contact Angela Wimberly, Scholarship Committee Chair, at (540) 904-9092. We wish you the best as you complete your high school career and make plans for an exciting future!

Sincerely,

Cleopatra Kitt, Ph.D., President  
Alpha Kappa Alpha Sorority, Inc.® Beta Chi Omega Chapter

Angela Wimberly, Scholarship Committee Chair  
Alpha Kappa Alpha Sorority, Inc.® Beta Chi Omega Chapter

**Alpha Kappa Alpha  
Sorority, Inc.®  
Beta Chi Omega Chapter**

**2024 Scholarships'  
Guidelines  
*and*  
Process**

**Alpha Kappa Alpha Sorority, Inc.®**  
**Beta Chi Omega Chapter**  
**Scholarship Applicant Checklist**

Form / Document	Instructions	Task Completed √
<b>Application Form</b>	Included a completed and signed application form that is signed by both you and a parent / legal guardian (if not an emancipated student). If an emancipated student, indicated on the application form where applicable.	
<b>Recent Photo</b>	Included a recent head-shot camera-ready photograph (no selfies please) in a .jpeg/.jpg or .png file that will be used for publication purposes.	
<b>Sealed / Official High School Transcript</b>	Included an <b>official transcript</b> that is <b>signed by a school counselor</b> and <b>submitted</b> in a <i>sealed school envelope</i> .	
<b>Two letters of Recommendation</b>	Included recommendation letters from persons who can identify you and attest to your character, academic preparation and community / volunteer service. The letter writer must include his/her <b><i>full name, title, address, e-mail address, current telephone number, and signature.</i></b>	
<b>Resumé</b>	Included volunteer / community experiences, extra-curricular activities, work history, and any honors and achievements that you have received.	
<b>Short Essay</b>	A typed document, <b>in at least 250 not to exceed 300 words</b> , briefly explaining your reason(s) for applying for our scholarship and your academic future plans to attend an accredited college or university.	

**Alpha Kappa Alpha Sorority, Inc.®**  
**Beta Chi Omega Chapter**  
**SCHOLARSHIP APPLICATION**

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone number: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

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

Class rank: \_\_\_\_/\_\_\_\_ GPA: \_\_\_\_ **Applicant must have a cumulative average of at least a “C”.**

Please attach the following:

1. Recent camera-ready headshot photo of yourself (to be used for publication purposes only).
  - Photo must be in a JPEG/JPG or PNG file.
  - Photo (*no “selfies”*) may be scanned and e-mailed to
  - Include your name on the back of your photo if mailed with your application.

Photo will not be returned and will be considered property of **Alpha Kappa Alpha Sorority, Inc.®**  
**Beta Chi Omega Chapter**

2. A *sealed copy* of your *official* high school transcript that is **signed** and mailed by your school counselor **OR** that is included in the mail with your application.
3. A copy of your SAT and/or ACT scores.
4. Two (2) letters of recommendation for individuals who can attest to your character, academic preparation and community / volunteer service.
  - Letters must include your name, as well as the *letter writer’s full name, title, address, e-mail address, current telephone number, and signature.*
5. A detailed resumé including your volunteer / community experiences, extra-curricular activities, work history, and any honors and achievements you have received.
6. A typed short essay, in at least 250 not to exceed 300 words, briefly explaining your reason(s) for applying for a scholarship from **Alpha Kappa Alpha Sorority, Inc.®**  
**Beta Chi Omega Chapter** and your future plans.

Please answer the following questions:

1. Has either of your parents or sibling(s) attended college? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Has either of your parents or sibling(s) graduated from a four-year college? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Is the college to which you are applying (check one): \_\_\_\_\_ In-state \_\_\_\_\_ Out-of-State
4. List all colleges to which you have been accepted and/or currently attending.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Scholarship Application**

Father's / Legal Guardian's name: \_\_\_\_\_

Father's / Legal Guardian's occupation: \_\_\_\_\_

Currently residing with Father / Legal Guardian:      Yes \_\_\_\_\_      No \_\_\_\_\_

Mother's / Legal Guardian's name: \_\_\_\_\_

Mother's / Legal Guardian's occupation: \_\_\_\_\_

Currently residing with Mother / Legal Guardian:      Yes \_\_\_\_\_      No \_\_\_\_\_

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

Total family income (√ where applicable): \_\_\_\_\_ Under \$10,000 annually  
\_\_\_\_\_ \$10,001 - \$25,000 annually  
\_\_\_\_\_ \$25,001 - \$45,000 annually  
\_\_\_\_\_ \$45,001 - \$60,000 annually  
\_\_\_\_\_ \$60,001 - \$75,000 annually  
\_\_\_\_\_ \$75,001 - \$100,000 annually  
\_\_\_\_\_ \$100,001 and up annually

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

Are you an Emancipated Student?      Yes \_\_\_\_\_      No \_\_\_\_\_

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

Applicant's signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent / Legal Guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATION MUST BE POSTMARKED BY FRIDAY, June 21, 2024.**

Kindly mail completed application to:

**Alpha Kappa Alpha Sorority, Inc.®**

**Beta Chi Omega Chapter**

Attn: Scholarship Committee

P.O. Box 13891

Roanoke, VA 24038

***\*Certified Mail Is Not Accepted at This P. O. Box***

*Disbursement of all scholarship awards will be contingent on receipt of proof of registration / enrollment in an accredited college or university.*