ALPHA KAPPA ALPHA SORORITY, INCORPORATED

Gamma Rho Omega Chapter, Inc. Scholarship Application Information High School Applicant

Eligibility

To be eligible for a scholarship, an applicant must:

- (1) be a current resident of Duval County
- (2) be a graduating female senior
- (3) have a grade point average of 3.0+
- (4) have an ACT score of 19+ or SAT score of 1200+
- (5) provide letter of college acceptance
- (6) include an official transcript and 1st semester grades
- (7) indicate a financial need
- (8) provide a typewritten personal **essay**

Scholarships Amount Varies

For entry to HBCU (Historically Black Colleges and Universities) or to a College of Your Choice (not HBCU)

Submission of A	Application (check list)
	Completed application form
	Attached recent photo (photo may be used for press release)
	Copy of an official transcript (to include your senior year 1 st semester grades)
	Proof of SAT or ACT score
	A personal Essay (250-350 words)
	Two (2) letters of recommendation (guidance counselor/teacher and a community member/non-relative)
	College acceptance letter(s) (must be received before awarding a scholarship)
	Copy of FAFSA Summary FAFSA = Free Application for Federal Student Aid (must be received before awarding a scholarship)

Note: After reviewing all application information, you may be asked to come in for an interview with scholarship committee.

Deadline

Application must be <u>received</u> by **February 15**, 2015. (application received after this date will not be considered)

Mail To:

Alpha Kappa Alpha Sorority, Incorporated Scholarship Committee Attn: Mrs. Lois Prime 1011 West 8th Street Jacksonville, FL 32209

Applications are received via US Mail or dropped in the mail slot at the address of the sorority house as provided **(only)**.

DO NOT SEND VIA EMAIL, CERTIFIED OR OVERNIGHT MAIL.

Alpha Kappa Alpha Sorority, Incorporated Gamma Rho Omega Chapter, Inc. 1011 West 8th Street Jacksonville. FL 32209

High School Scholarship Application

Student Informa	ation						
Full Name:			Age:				
Address: Last	Firs	st	М.І.				
Stree	t Address				Apartment/Unit #		
City		Alternate or	State		Zip Code		
Home Phone:	())			
Accurate E-mail A	Address:						
High School:			GPA:		(unweighted)		
Test Score:	Total SAT:			Total	ACT		
Your Guidance C	ounselor:		Telepho	ne:			
Scholarship for v	which you are applying: (please write c	college)					
	нвси	/College	of Your Ch	oice			
College (Field	of Study):						
Family Informat	tion						
Parents/guardian	n:						
Address: Stree	t Address				Apartment/Unit #		
City			S	State	Zip Code		
Mother/Employer							
Father/Employer		Position & Annual Salary					
Name Other sour	ce of income						
Other source Tota	al \$	Documented To	Documented Total Family Income: \$				
Dependents living	g at home: (Siblings /Children/Others))	Ages:				
Special Family Circumstances:							
(over)							

Activities
School:
<u> </u>
Community:
Awards/Recognitions:
Work Experience:
Work Exponence.
Essay (250-350 word essay must be typewritten <u>and</u> include your name in upper right-hand corner)

Personal References

1. Recommendation from a guidance counselor or teacher.

2. Recommendation from a community member (non-relative).

Application Submission

In order to be considered, your submission packet must include the application form, an official transcript, essay, a recent photo, proof of SAT or ACT score and (2) letters of recommendation when mailed (be sure to use the correct amount of postage).

In your essay discuss your goals, field of study and your reasons for seeking this scholarship. Be sure to include any

extenuating circumstances which might contribute to your situation, and attach to this application.

Deadline and Recipient Notification

<u>Application must be received no later than February 15</u>. The scholarship recipient will be notified before **May 1**, no other acknowledgements will be made.

Mailing Information

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