Alpha Kappa Alpha Sorority, Incorporated

Epsilon Omega Omega Chapter

**Scholarship Showcase Committee**

**P.O. Box 4823**

**Macon, GA 31208**

January 22, 2020

Dear Student,

Alpha Kappa Alpha Sorority, Incorporated, Epsilon Omega Omega Chapter will award several scholarships to students graduating from high schools in the Bibb, Jones, and Baldwin County areas. All scholarships are open to females and males of all races and national or ethnic origins.

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| **Scholarship** | **Amount** | **Who Should Apply** |
| Eddye Mae Booth Leadership Scholarship | $1,500.00 | Student who has demonstrated exceptional commitment to student leadership and academic success |
| Ruth Johnston Community Service Scholarship | $1,500.00 | Student who has demonstrated exceptional commitment to community service and academic success |
| Valeria Williams Music Scholarship | $1,500.00 | Student who has demonstrated excellence in instrumental  and/or vocal performance and academic success |
| Epsilon Omega Omega Exemplary Youth Scholarship | $2,000.00 | Student who has demonstrated exceptional commitment to academic success, student leadership, and community service |

**Scholarship Instructions**

1. The application deadline is Wednesday, March 4, 2020. Application packets must be received by the deadline and remitted to (Please do not send certified mail that requires a signature.):

Alpha Kappa Alpha Sorority, Incorporated

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Macon, Georgia 31208

1. An official transcript which includes Semester 1 final grades or an official transcript and an official copy of Semester 1 progress report must accompany all applications. Official transcripts are sealed documents labeled “official transcript”; the documents, signed by the counselor or registrar, bear the school’s seal. If applying for multiple scholarships, only one official transcript needs to be submitted.
2. Each applicant must have a grade point average of 3.0 or higher. Epsilon Omega Omega Exemplary Youth Scholarship applicants must have a grade point average of 4.0.
3. Each applicant must submit two letters of recommendation. Letters of recommendation must bear the writer’s official handwritten signature. The academic letter must be completed by an academic teacher, counselor or administrator of the school you currently attend. The second recommendation may be from an individual familiar with your character, school activities, or community involvement. Valeria Williams Music Scholarship applicants must submit written documentation from two individuals verifying musical performance. Relatives may not write recommendations.
4. Each Valeria Williams Music Scholarship applicant will prepare two (2) pieces of music representing different styles:

* Classical Piece - Must provide four (4) copies of written music along with this application
* Choice Piece (any genre) - Provide a copy of music if available

Judging criteria for instrumental performances include accuracy, rhythm, phrasing, and dynamics. Judging criteria for vocal performances may also include, but are not limited to, facial expressions and showmanship.

Each applicant will be required to perform a sight-reading piece. The applicant will have two minutes to review. Judging criteria may include rhythm, phrasing, and dynamics.

Each applicant will take a music quiz on his/her understanding of music basics and theory. Elements on the quiz will include note recognition, tempo, and dynamics.

The performance is scheduled for March 18-19, 2020. Eligible applicants will be notified of the performance date, location, and time. Scoring for the entire performance:

* Traditional Selection 40%
* Choice Selection 30%
* Sight-reading 20%
* Music Theory 10%

1. Each applicant must submit one Community/Leadership Involvement Verification form.
2. Each applicant must complete a typed 500-word essay based on the scholarship applied.
3. Scholarship award is contingent upon submission of an enrollment verification form from the college or university for the Fall Semester and the completed scholarship information form. The attached information form contains contact information for Mrs. Myrna Bell, assistant treasurer of Epsilon Omega Omega Chapter. The verification submission deadline is September 1, 2020; after this date, funds will no longer be available. If you are unable to submit the required documents by this date, please notify Mrs. Bell prior to the deadline. After Mrs. Bell receives the two documents via U.S. mail, a check from the **Pearl Community Center** made payable to you in the amount of $1,500.00 or $2,000.00 will be forwarded to the address provided on the information form.
4. The Scholarship Showcase is scheduled for April 2020. Details are forthcoming. All scholarship recipients should attend the Scholarship Showcase.
5. For additional information, contact Ms. Jenifer Hunter at 478-788-0084, Ms. Jackie Hightower at 478-731-4599 or Ms. Shandra Yarbrough at 478-335-6643.

All scholarship applicants will be judged on scholarship, character, school and community activities, and essay. Valeria Williams Music Scholarship applicants will also be judged on musical performance.

Thank you for your cooperation.

Sincerely,

Jenifer Hunter, Jackie Hightower and Shandra Yarbrough

Scholarship Showcase Co-Chairmen

Alpha Kappa Alpha Sorority, Inc.

Epsilon Omega Omega Chapter

Scholarship Application

Directions: Please type or write in blue/ black ink all requested information.

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| **APPLICANT INFORMATION** | | | | | | | | | | | | |
| First Name | | Middle Name | | | | | | Last Name | | | | |
| Street Address | | | | | City | | | | State | | Zip | |
| Home Phone | Cell Phone | | | | | | Email Address | | | | | |
| Date of Birth | | | Gender  Female  Male | | | | | | | | | |
| **PARENT / GUARDIAN INFORMATION** | | | | | | | | | | | | |
| 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** | | | | | | | | | | | | |
| College / University You Applied or Have Been Accepted | | | | | | | | | | | | |
| Intended Major / Field of Study | | | | | | | | | | | | |
| **SCHOLARSHIPS – check scholarship(s) for which you are applying** | | | | | | | | | | | | |
| Eddye Mae Booth Leadership Scholarship | | | | | | | | | | | | |
| Ruth Johnston Community Service Scholarship | | | | | | | | | | | | |
| Valeria Williams Music Scholarship | | | | | | | | | | | | |
| Epsilon Omega Omega Exemplary Youth Scholarship | | | | | | | | | | | | |

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| **EXTRA-CURRICULAR / COMMUNITY ACTIVITIES** | | | | | |
| Name of Group / Activity | Grade (Check boxes that apply) | | | | Positions Held (if applicable) |
| 9th | 10th | 11th | 12th |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
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| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |
| **HONORS / AWARDS / RECOGNITIONS** | | | | | |
| Name of Group / Activity | Grade (Check boxes that apply) | | | | Source / Reason for Award |
| 9th | 10th | 11th | 12th |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
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| **SIGNATURES** | |
| Applicant’s Signature | Date |
| Parent / Guardian’s Signature | Date |

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| **COMMUNITY/LEADERSHIP INVOLVEMENT VERIFICATION (CLIV) FORM**  **INSTRUCTIONS:** Please record information below regarding your involvement in community/campus/leadership activities or programs that have occurred within the last three (3) years. All applicants must submit at least one (1) but cannot exceed three (3) CLIV forms for the Eddye Mae Booth Leadership Scholarship and Ruth Johnston Community Service Scholarship. This form should be completed in its entirety, and any information or documents without signatures will not be accepted. | | | | | |
| First Name | Middle Name | | | Last Name | |
| Title of Activity or Program | | | Start Date | | End Date |
| Location of Activity or Program | | | # of hours completed | | |
| Goal of Activity/Program: | | | | | |
| Population Served (check all that apply): Youth Peers Adults Other (specify): | | | | | |
| Describe your specific involvement: | | | | | |
| 1. How did the program positively impact the population served? | | | | | |
| 2. Did you meet the goal of the activity/program? Explain. | | | | | |
| 3. How did your involvement in the program affect you? | | | | | |
| By signing this form, I verify that all information I have provided is true and correct. I understand that at any time, Alpha Kappa Alpha Sorority, Incorporated, Epsilon Omega Omega Chapter can rescind any rights or privileges to an applicant based on the submission of false information or documents. | | | | | |
| Applicant’s Signature | | Date | | | |
| Name of Advisor (Please Print) | | Advisor’s Email Address | | | |
| Location | | Phone | | | |
| Signature of Advisor | | Date | | | |

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| **ESSAY**  **In 500 words or less, answer the question or respond to the statement for the application(s) for which you are applying. If you are applying for more than one scholarship, you must submit an essay for each scholarship. Responses must be typed.** | |
| **Scholarship** | **Essay Question** |
| Eddye Mae Booth Leadership Scholarship | Discuss a leadership experience you have had in any area of your life: school, work, athletics, family, church, community, etc. How and why did you become a leader in this area? How did this experience influence your goals? |
| Ruth Johnston Community Service Scholarship | Discuss your involvement and contributions to a community near your home, school, or elsewhere. What did you accomplish? How did this experience influence your goals? |
| Valeria Williams Music Scholarship | Explain your contribution to the community using musical talent. |
| Epsilon Omega Omega Exemplary Youth Scholarship | Explain how you will use your college education to better your community. |