



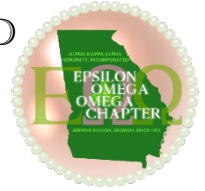
ALPHA KAPPA ALPHA SORORITY, INCORPORATED

Epsilon Omega Omega Chapter

Scholarship Showcase Committee

P.O. Box 4823

Macon, GA 31208



January 9, 2024

Dear Soror,

Alpha Kappa Alpha Sorority, Incorporated, Epsilon Omega Omega Chapter will award the Carolyn Taylor Thomas Scholarship to an Undergraduate Soror currently enrolled at Georgia College and State University. Our goal is to provide an Undergraduate Soror in good standing at the Epsilon Omega Omega sponsored Chapters this one-year award in the amount of \$1,250. This scholarship is limited to members of Alpha Kappa Alpha Sorority, Incorporated at Iota Eta and Kappa Eta Chapters.

This scholarship is open to any major/field of study. The following general criteria is a summary of requirements:

- Enrolled currently as a full-time student
- Demonstrated exceptional academic achievement with a 3.0 grade point average
- Exemplified leadership in campus activities
- Participated in volunteer, civic, and/or academic services

Scholarship Instructions

1. The application deadline is Saturday, February 17, 2024. Application packets must be received/postmarked by the deadline and remitted to (Please do not send certified mail that requires a signature.):
Alpha Kappa Alpha Sorority, Incorporated
Epsilon Omega Omega Chapter
Scholarship Showcase Committee
P.O. Box 4823
Macon, Georgia 31208
2. An official transcript 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.
3. Each applicant must have a grade point average of 3.0 or higher.
4. Each applicant must submit two letters of recommendation. The academic letter must be completed by an academic teacher, counselor or administrator of the school in which you currently attend. The second recommendation may be from an individual familiar with your character, school activities, or community involvement. Relatives may not write recommendations.
5. Each applicant must submit one Community/Leadership Involvement Verification form.
6. Each applicant should complete a typed 500-word essay based on the scholarship applied.
7. The Scholarship Showcase is scheduled for April 2024. Details are forthcoming. All scholarship recipients should attend the Scholarship Showcase.
8. For additional information, contact Soror Shandra Yarbrough at 478-335-6643 or Soror Chara Willaford at 678-570-5553.

Applicants will be judged on scholarship, character, school and community activities, and essay.

Thank you for your cooperation.

Sincerely,

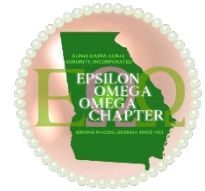
Sorors Shandra Yarbrough and Chara Willaford

Scholarship Showcase Co-Chairmen



ALPHA KAPPA ALPHA SORORITY, INC.

Epsilon Omega Omega Chapter



Carolyn Taylor Thomas Scholarship Application

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

APPLICANT INFORMATION						
First Name		Middle Name		Last Name		
Campus Address			City		State	Zip
Permanent / Home Address			City		State	Zip
Phone Number 1		Phone Number 2 (if applicable)		Email Address		
Date of Birth			Month & Year of Initiation			
			Month		Year	
PARENT / GUARDIAN INFORMATION						
Parent / Guardian Name			Relationship			
Phone Number			Email Address			
HIGH SCHOOL INFORMATION						
High School from which You Graduated			Location			
COLLEGE/UNIVERSITY INFORMATION						
College / University Currently Attending			Overall GPA			
<input type="checkbox"/> Mercer University <input type="checkbox"/> Georgia College & State University						
MAJOR/MINOR FIELD OF STUDY						
Major / Field of Study			Minor / Field of Study			
Current Year of Study			Expected Graduation			
<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior			Month		Year	
Degree Pursuing			Post-Graduation Plans			
ESSAY						
In 500 words or less, answer one of the following questions. Responses must be typed.						
<ul style="list-style-type: none"> • What do you consider to be the most pressing societal problem we face today? Why? • If you had the authority to change your community in a positive way, what specific changes would you make? 						

EXTRA-CURRICULAR / COMMUNITY ACTIVITIES

Name of Group / Activity	Date(s) of Involvement	Positions Held (if applicable)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

HONORS / AWARDS / RECOGNITIONS

Name of Group / Activity	Date(s) Received	Source / Reason for Award
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

SPECIAL LEARNING EXPERIENCE: INTERNSHIPS / ASSISTANTSHIPS / JOBS / STUDY ABROAD

Name of Special Learning Experience	Dates	Total Hours	Describe Opportunity / Role
1.			
2.			
3.			
4.			
5.			

SIGNATURE

Applicant'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 Carolyn Taylor Thomas 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): <input type="checkbox"/> Youth <input type="checkbox"/> Peers <input type="checkbox"/> Adults <input type="checkbox"/> 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 of the information I have provided is true and correct. I understand that at any time, Alpha Kappa Alpha Sorority, Inc., 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 Email Address	
Location		Phone	
Signature of Advisor		Date	