



ALPHA KAPPA ALPHA SORORITY, INCORPORATED

*Epsilon Omega Omega Chapter*

**Scholarship Showcase Committee**

**P.O. Box 4823  
Macon, GA 31208**



January 7, 2024

Dear Student,

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

SCHOLARSHIP	AMOUNT	WHO SHOULD APPLY
Eddye Mae Booth Leadership Scholarship	\$2,500.00	Student who has demonstrated exceptional commitment to student leadership and academic success
Ruth Johnston Community Service Scholarship	\$2,500.00	Student who has demonstrated exceptional commitment to community service and academic success
Valeria Williams Music Scholarship	\$2,500.00	Student who has demonstrated excellence in instrumental and/or vocal performance and academic success
Epsilon Omega Omega Exemplary Youth Scholarship	\$2,500.00	Student who has demonstrated exceptional commitment to academic success, student leadership, and community service

**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 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.
3. 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.
4. 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.

5. Each Valeria Williams Music Scholarship applicant will prepare two (2) pieces of music representing different styles:
  - Classical Piece - Must provide a copy 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.

An audition will be scheduled in March 2024. Eligible applicants will be notified of the performance date and time. Scoring for the entire performance:

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

6. Each applicant must submit one Community/Leadership Involvement Verification form.
7. Each applicant must complete a typed 500-word essay based on the scholarship applied.
8. Scholarship award is contingent upon submission of an enrollment verification form from the college or university for the Fall Semester and a completed scholarship information form. The verification submission deadline is September 6, 2024; after this date, funds will no longer be available.
9. The Scholarship Showcase is scheduled for Spring 2024. Details are forthcoming. All scholarship recipients should participate in the Scholarship Showcase.
10. For additional information, contact Dr. Shandra Yarbrough at 478-335-6643 or Dr. Chara Willaford at 678-570-5553.

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.

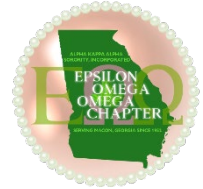
Sincerely,

*Dr. Shandra Yarbrough and Dr. Chara Willaford*

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.

APPLICANT INFORMATION				
First Name		Middle Name		Last Name
Street Address			City	State Zip
Home Phone	Cell Phone		Email Address	
Date of Birth		Gender <input type="checkbox"/> Female <input type="checkbox"/> 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				
<input type="checkbox"/> Eddy Mae Booth Leadership Scholarship				
<input type="checkbox"/> Ruth Johnston Community Service Scholarship				
<input type="checkbox"/> Valeria Williams Music Scholarship				
<input type="checkbox"/> Epsilon Omega Omega Exemplary Youth Scholarship				

### EXTRA-CURRICULAR / COMMUNITY ACTIVITIES

Name of Group / Activity	Grade (Check boxes that apply)				Positions Held (if applicable)
	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

### HONORS / AWARDS / RECOGNITIONS

Name of Group / Activity	Grade (Check boxes that apply)				Source / Reason for Award
	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

### SIGNATURES

Applicant's Signature	Date
Parent / Guardian's Signature	Date

## 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 Eddy 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): <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 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	

**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.**

<b>Scholarship</b>	<b>Essay Question</b>
Eddie 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.