



Alpha Kappa Alpha Sorority, Incorporated

Epsilon Omega Omega Chapter

Scholarship Showcase Committee

P.O. Box 4823

Macon, GA 31208

November 18, 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 or Mercer 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 Friday, January 31, 2025. Application packets must be either emailed to akaeoscholarships@gmail.com or received/postmarked by the deadline and remitted to (Please do not send certified mail that requires a signature.):

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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 2025. Details are forthcoming. All scholarship recipients should attend the Scholarship Showcase.
8. For additional information, contact Soror Shandra Yarbrough at 478-335-6643.

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

Thank you for your cooperation.

Sincerely,

Sorors Shandra Yarbrough
Scholarship Showcase Chairman □
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	Year	
	Month		

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

Mercer University

Georgia College & State University

Overall GPA

MAJOR/MINOR FIELD OF STUDY

Major / Field of Study

Minor / Field of Study

Current Year of Study

Freshman Sophomore Junior Senior

Expected Graduation

Month

Year

Degree Pursuing

Post-Graduation Plans

ESSAY

In 500 words or less, answer one of the following questions. Responses must be typed.

- 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

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): 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 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