Alpha Kappa Alpha Sorority, Incorporated

 Epsilon Omega Omega Chapter

**Scholarship Showcase Committee**

**P.O. Box 4823**

**Macon, GA 31208**

November 18, 2024

Dear Student,

Alpha Kappa Alpha Sorority, Incorporated, Epsilon Omega Omega Chapter will award one scholarship to a student who attends a Historically Black College or University whose primary residence is in the Bibb, Baldwin, Jones, Twiggs, or Wilkinson County area. All scholarships are open to females and males of all races and national origins.

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|  **Scholarship**  | **Who Should Apply** |
| Epsilon Omega Omega HBCU Scholarship $1,500 - $2,500 | Undergraduate students currently enrolled at a Historically Black College or University (HBCU) |

**Scholarship Instructions**

1. The application deadline is Friday, January 31, 2025. Application packets must be **either** emailed to akaeooscholarships@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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1. An official transcript which includes Semester 1 final grades must accompany the application. If submitting your application electronically, transcripts must be sent directly from your school registrar to the following email address akaeooscholarships@gmail.com If mailing your application packet, official transcripts are sealed documents labeled “official transcript”; the documents, signed by the counselor or registrar, and bear the school’s seal.
2. Each applicant must have a grade point average of 3.0 or higher.
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. Relatives may not write recommendations.
4. Each applicant must submit one Community/Leadership Involvement Verification form.
5. Each applicant must complete a typed 500-word essay.
6. The Scholarship Showcase is scheduled for Spring 2025. Details are forthcoming. All scholarship recipients should participate in the Scholarship Showcase.
7. For additional information, contact Dr. Shandra Yarbrough at 478-335-6643.

Scholarship applicants will be judged on academic achievement, character, school and community involvement, and essay.

Thank you for your cooperation.

Sincerely,

Dr. Shandra Yarbrough

Scholarship Showcase Co-Chairman

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       |
| Campus Address       | City       | State       | Zip       |
| Permanent / Home Address       | City       | State       | Zip       |
| Phone Number 1       | Phone Number 2 (if applicable)       | Email Address       |
| Date of Birth       | Gender [ ]  Female [ ]  Male |
| **PARENT / GUARDIAN INFORMATION** |
| Parent / Guardian Name       | Relationship       |
| Phone Number       | Email Address       |
| **HIGH SCHOOL INFORMATION** |
| High School from which You Graduated       |  Location       |
| **COLLEGE INFORMATION** |
| HBCU College / University You Currently Attend       | Location       |
| Major / Field of Study       | Overall GPA       |
| 1) Minor / Field of Study (if applicable)       | 2) Minor / Field of Study (if applicable)       |
| Current Year of Study[ ]  Freshman [ ]  Sophomore [ ]  Junior [ ]  Senior | Expected Graduation Month       Year        |
| Degree Pursuing        | Post-Graduation Plans       |

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| **ESSAY****In 500 words or less, answer the questions for this scholarship. Responses must be typed.** |
| **Essay Question** |
| How has attending an HBCU enriched your life, and how will you continue the legacy of an HBCU alumni? |

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| **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.       |       |       |
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| 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.       |       |       |       |

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| **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 HBCU 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 the 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       |