

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.

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 akaeoscholarships@gmail.com or 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 must accompany the application. If submitting your application electronically, transcripts must be sent directly from your school registrar to the following email address akaeoscholarships@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.
3. Each applicant must have a grade point average of 3.0 or higher.
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. Relatives may not write recommendations.
5. Each applicant must submit one Community/Leadership Involvement Verification form.
6. Each applicant must complete a typed 500-word essay.
7. The Scholarship Showcase is scheduled for Spring 2025. Details are forthcoming. All scholarship recipients should participate in the Scholarship Showcase.
8. 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.

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		
	<input type="checkbox"/> Female	<input type="checkbox"/> Male	

PARENT / GUARDIAN INFORMATION

Parent / Guardian Name	Relationship
Phone Number	Email Address

HIGH SCHOOL INFORMATION

High School from which You Graduated	Location
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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	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 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?

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 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