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
	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 <u>either</u> emailed to <u>akaeooscholarships@gmail.com</u> 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 <u>akaeooscholarships@gmail.com</u> 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.

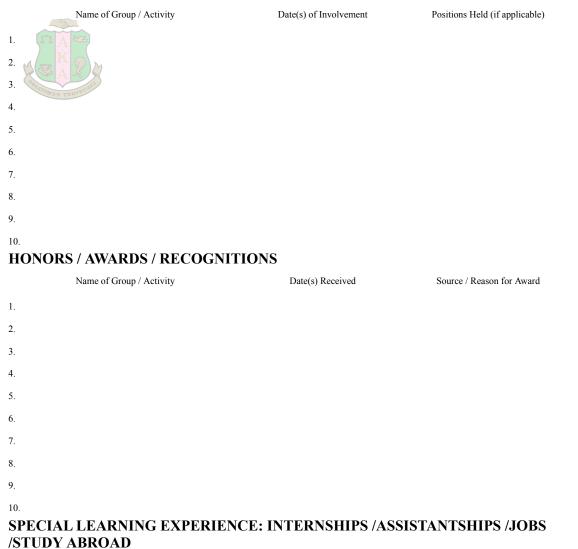
APPLICANT INFORMATION

First Name	me Middle Name		Last Name	
Campus Address	City	State	Zip	
Permanent / Home Address	City	State	Zip	
			P	
Phone Number 1	Phone Number 2 (if applicable)	Email Address		
Date of Birth	Gender			
	□ Female □ Male			
PARENT / GUARDIAN INF				
	UKMATIUN			
Parent / Guardian Name		Relationship		
Phone Number		Email Address		
HIGH SCHOOL INFORMA	TION			
High School from which You Graduated		Location		
COLLEGE INFORMATION	I			
HBCU College / University You Currently Atte	nd	Location		
Maine / Field of Stades		Overall GPA		
Major / Field of Study		Overall GPA		
1) Minor / Field of Study (if applicable)		2) Minor / Field of Study	y (if applicable)	
Current Year of Study		Expected Graduation		
\Box Freshman \Box Sophomore \Box Ju	nior 🗆 Senior	-	Veer	
		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 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? E	xplain.				
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