



ALPHA KAPPA ALPHA SORORITY, INC. SCHOLARSHIP APPLICATION

Purpose: *To promote and encourage the perpetuity of scholarly endeavors among women in our community.*

Criteria:

- Applicants must be a female graduating high school senior residing in Muskegon County.
- Applicants must have an overall GPA of **3.0** or higher.
- Applicants must have demonstrated leadership qualities, be disciplined and academically astute.
- Applicants must answer all application questions and complete the packet in its entirety.
- Applicants must return the application packet to the designated address, **postmarked by 4/30/21.**
- Applicants must include a headshot (photograph from the neck up) embedded in the essay.
- The essay must be a minimum of 600 words, typed and double spaced.
- Applicant must write their response to the following question:

Covid-19 has impacted our lives in many ways. How have you made the best of your Covid-19 quarantine time?

Evaluation Criteria:

- All essays, and documents provided will be read and evaluated by the scholarship committee and qualifying candidates will be contacted by telephone or email to be scheduled for an interview.
- Selected applicants will participate in an interview before the Alpha Kappa Alpha Scholarship committee. Professional attire for the interview is expected.
- **Only selected finalists will be notified.** Applicants who are awarded scholarships will be notified in May, 2021.
- Completed application packets must be returned to:

Alpha Kappa Alpha Sorority, Inc.
Nu Phi Omega Chapter
Attn: Dee Dee Smith, Scholarship Chair
AKAMuskegon@gmail.com

ALL APPLICATION PACKETS MUST BE POSTMARKED NO LATER THAN April 30, 2021

Directions: Please type or print (legibly) in black ink.

I. PERSONAL INFORMATION

Name:

— Last First Middle
Initial

Address:

 Street City State
Zip

Date of Birth: ____/____/____ (mm/dd/yyyy)

Home Telephone: _____

Mobile Telephone: _____

Do you currently reside in Muskegon County ____Yes ____No

Parent/Guardian name:

II. ACADEMIC INFORMATION

High School Currently Attending:

School Telephone: _____

Graduation Date: ____/____/____ (mm/dd/yyyy)

Applicant's Grade Point Average (G.P.A) on a 4.0 scale:

College Planning to Attend in Fall, 2020:

**Have you been accepted for admission?* Yes No (Circle One)

III. SCHOOL / COMMUNITY ACTIVITIES

List any high school activities/organizations that you have participated in and any awards received.

IV. List any community organizations that you have participated in (i.e church groups, service learning hours/projects, leadership, etc.) **See next page for response section.**

Acknowledgement:

By signing this form you are acknowledging the information provided is true and complete to the best of your knowledge.

Applicant Name (printed)

Applicant Signature

Date

High School Counselor Name (printed)

High School Counselor Signature

Date

ALPHA KAPPA ALPHA SORORITY, INC. SCHOLARSHIP APPLICANT STATUS FORM

Scholarship applicants please give this form to your high school counselor for completion

Applicant name: _____

Last

First

M. I.

Address: _____

Street

City

State

Zip

Grade Point Average (G.P.A) computed on a 4.0 scale: _____

Note: Please mail or e-mail this form along with an official transcript.

Certification

Must be completed by a guidance counselor or authorized administrator from the applicant's high school

By signing this form you are certifying that the information provided is true and complete to the best of your knowledge.

Authorized by: _____

Name (print)

Title (print)

Phone

Signature

Date

Please attach this sheet and transcript to the student's application and mail/e-mail to:

Alpha Kappa Alpha Sorority, Inc.
Nu Phi Omega Chapter
P.O. Box 946 Muskegon, MI 49440
AKAMuskegon@gmail.com
ATTN: Dee Dee Smith, AKA Scholarship Chair

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Letter of Understanding

I, _____, do understand that if I am chosen as a Nu Phi Omega Scholarship recipient, the funds awarded are to be used for **educational purposes only**. I understand that I will receive a check from the NPO Chapter of Alpha Kappa Alpha Sorority, Inc., following the submission of my freshman transcript verifying satisfactory completion of my first semester.

Failure to provide the required documents by **Jan 3, 2022** will result in the forfeiture of the awarded funds.

Printed Name:

Student Signature:

Date:

Printed Name:

Parent Signature:

Date:
