

ALPHA KAPPA ALPHA SORORITY, INCORPORATED
Gamma Rho Omega Chapter
2017 Scholarship Application Information
High School Applicant



Eligibility

To be eligible for a scholarship, an applicant must:

- (1) be a current resident of Duval County
- (2) be a graduating **female senior**
- (3) have a grade point average of **3.0+**
- (4) have an **ACT** score of **19+** or **SAT** score of **1200+**
- (5) provide letter of **college acceptance**
- (6) include an **official transcript and 1st semester grades**
- (7) indicate a **financial need**
- (8) provide a typewritten personal **essay**

Scholarships Amount Varies

For entry to **HBCU (Historically Black Colleges and Universities)**
or to a **College of Your Choice (not HBCU)**

Submission of Application (check list)

- Completed **application form**
(remember to sign your application)
- Attached recent **photo**
(photo may be used for press release)
- Copy of an **official transcript**
(to include your senior year 1st semester grades)
- Proof of **SAT or ACT** score
- A personal **Essay** (250-350 words)
- Two (2) **letters of recommendation**
(guidance counselor/teacher and a community member/non-relative)
- College acceptance letter(s)**
(must be received before awarding a scholarship)
- Copy of **FAFSA Summary** FAFSA = Free Application for Federal Student Aid
(must be brought when interviewed)

Note: *After reviewing all application information, you may be asked to come in for an interview with the scholarship committee.*

Deadline

Application must be received by **March 17, 2017**.
(application received after this date will not be considered)

Mail To:

Alpha Kappa Alpha Sorority, Incorporated
Gamma Rho Omega Chapter
Attn: Scholarship Committee
1011 West 8th Street
Jacksonville, FL 32209

Applications are received via US Mail or dropped in the mail slot at the address of the sorority house as provided (**only**).

**DO NOT SEND VIA EMAIL,
CERTIFIED OR OVERNIGHT MAIL.**

Alpha Kappa Alpha Sorority, Incorporated
Gamma Rho Omega Chapter
1011 West 8th Street
Jacksonville. FL
32209

Photo Here

High School Scholarship Application

Student Information

Full Name: _____ Age: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Home Phone: () _____ Alternate or Cell Phone: () _____

Accurate E-mail Address: _____

High School: _____ GPA: _____ (unweighted)

Test Score: **Total SAT:** _____ **Total ACT** _____

Your Guidance Counselor: _____ Telephone: _____

Scholarship for which you are applying: (please write college)

_____ / _____
HBCU College of Your Choice

College (Field of Study): _____

Family Information

Parents/guardian: _____

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Mother/Employer _____ Position & Annual Salary: _____

Father/Employer _____ Position & Annual Salary _____

Name other source of income _____

Other source Total \$ _____ Documented Total Family Income: \$ _____

Dependents living at home: (Siblings /Children/Others) _____ Ages: _____

Special Family Circumstances: _____

(over)

Activities

School: _____

Community: _____

Awards/Recognitions: _____

Work Experience: _____

Essay (250-350 word essay must be typewritten and include your name in upper right-hand corner)

In your essay discuss your goals, field of study and your reasons for seeking this scholarship. Be sure to include any extenuating circumstances which might contribute to your situation, and attach to this application.

Personal References

1. Recommendation from a guidance counselor or teacher.
2. Recommendation from a community member (non-relative).

Application Submission

In order to be considered, your submission packet must include the application form with applicant signature, an official transcript, essay, a recent photo, proof of SAT or ACT score, copy of your 2016/2017 FAFSA and (2) letters of recommendation when mailed (be sure to use the correct amount of postage).

Deadline and Recipient Notification

Application must be **received** no later than **March 17**. The scholarship recipient will be notified before **May 1**, no other acknowledgements will be made.

Mailing Information

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Acknowledgement (I certify that all information given herein are true and complete to the best of my knowledge.)

Signature of Applicant

Date