# 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**

## have a grade point average of **3.0+**

1. have an **ACT** score of **19+** or **SAT** score of **1200+**
2. provide letter of **college acceptance**
3. include an **official transcript and 1st semester grades**
4. indicate a **financial need**

## 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:

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

Attn: Scholarship Committee 1011 West 8th Street Jacksonville, FL 32209

### Alpha Kappa Alpha Sorority, Incorporated Photo Here Gamma Rho Omega Chapter

**1011 West 8th Street Jacksonville. FL 32209**

**High School Scholarship Application**

**Student Information**

Full Name: Age:

*Last First M.I.*

Address:

*Street Address Apartment/Unit #*

*City State Zip Code*

Alternate or

Home Phone: **( )** 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*

Position &

Mother/Employer Annual Salary:

Position &

Father/Employer 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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Attn: Scholarship Committee 1011 West 8th Street Jacksonville, FL 32209

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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