

**ALPHA KAPPA ALPHA SORORITY, INCORPORATED
UPSILON ETA OMEGA CHAPTER
Fairfield, Alabama**



**2018 Scholarship and Leadership Program
Student Scholarship Application
Dr. Evelyn L. Hines, Chairperson
Ms. Ayla Russell, President**

SCHOLARSHIP INFORMATION

- Offered by:** Alpha Kappa Alpha Sorority, Incorporated – Upsilon Eta Omega Chapter
Fairfield, Alabama
- Contact:** Dr. Evelyn L. Hines
Scholarship Committee Chairman
Post Office Box 13312
Birmingham, Alabama 35202
- Value:** Scholarship amount varies from year-to-year and is determined by Upsilon Eta Omega Chapter.

Organization Information:

Alpha Kappa Alpha Sorority, Incorporated is America's oldest African American Greek letter sorority. It was founded at Howard University, Washington D.C., in 1908 by a group of college women dedicated to enriching the social and intellectual aspects of college life. Today the organization has become the channel through which selected college-trained women work to improve social and economic conditions in their city, state and the nation. The sorority emphasizes scholarship, leadership, character, and community service.

- Qualifications:** Eligible candidates must be a student in the last semester of high school. Candidates must have a 3.0 cumulative grade point average on a 4.0 scale, enroll in a 4 year College or University following graduation and attend a mandatory meeting TBD.

Basis of Selection: **The following criteria will be taken into consideration when awarding the scholarship:**

1. Academic achievement
2. Extra-curricular activities
3. Community service and leadership
4. Essay
5. Interview

Application Procedure:

The following documents must be postmarked by Saturday, March 11, 2017.

1. Completed electronic scholarship application
2. Official transcript (in sealed envelope)
3. Three letters of recommendation (certificates and checklists will not be accepted)
 - (a) Community service – one
 - (b) School, Church, etc. – two
4. An essay describing your educational plans, future goals and areas of interest (typed 500 word minimum, double spaced)

ALPHA KAPPA ALPHA SORORITY, INCORPORATED
Scholarship Application

Applicant Information:

Are you related to an Active Member of Upsilon Eta Omega (UEO) Chapter? Yes NO

If you are a child, sibling, step child, or grandchild of an active member of UEO chapter of AKA, you will not be considered for a scholarship. Are you a participant in UEO Ascend Program? _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Birthdate: _____ Age: _____

Email Address: _____

High School currently attending: _____ Graduation Date _____

Family/ Financial Information: Parent(s) or Guardian(s) (Circle One)

Name: _____

Address: _____

Employer(s): _____

Occupations: _____

Give name and relationship of person with whom you live, if you do not live with one of your parents: _____

List all other dependent children in the household:

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check annual family income.

- | | |
|---|--|
| <input type="checkbox"/> \$5,000 - \$10,000 | <input type="checkbox"/> \$31,000 – 40,000 |
| <input type="checkbox"/> \$11,000 – 15,000 | <input type="checkbox"/> \$41,000 – 50,000 |
| <input type="checkbox"/> \$16,000 – 20,000 | <input type="checkbox"/> \$51,000 – 60,000 |
| <input type="checkbox"/> \$21,000 – 30,000 | <input type="checkbox"/> Over \$60,000 |

Check the type of scholarship you are applying for:

- Need base (Please be willing to provide parent's W-2 form with social security number).
 Academic
 Both

Activities: List your extra-curricular school and community activities: (student government, athletics, orchestra, sororities, clubs, church participation, offices held, awards, etc.).

Extra-Curricular Activities

Dates

Participation, office held, honors

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Community Service Activities

Dates

Participation, office held, honors

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Awards/Recognitions

Dates

Participations

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education Plans:

Name of the four-year college or university you plan to attend: _____

Briefly give your educational plans, future goals and areas of interest. Your essay should be no less than one typed double-spaced page but no more than two in length.

Applicant's Signature _____ Date: _____

Mail completed application, essay, letters of recommendation and transcript by

Monday April 9, 2018 (Postmarked Date)

**Dr. Evelyn L. Hines
Scholarship Committee Chairperson
Post Office Box 13312
Birmingham, Alabama 35202**