

**Tau Theta Omega Chapter
Alpha Kappa Alpha Sorority, Incorporated
Post Office Box 984
Quincy, Florida 32353**

SCHOLARSHIP APPLICATION

(Please Type or Print Clearly)

DEMOGRAPHIC INFORMATION

Applicant's Name _____ Date of Birth _____
Address _____ Social Security # _____
City, State, Zip Code _____ Home Telephone # _____
Parents/Guardian _____

ACADEMIC INFORMATION

School _____ Counselor _____
School Telephone # _____ Anticipated Graduation Date _____
Proposed College Major _____ SAT Score _____ ACT Score _____
Has Applicant Been Accepted by a College/University? _____ If yes, Where _____
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PRINCIPLE ACTIVITIES (SCHOOL/CHURCH/COMMUNITY)

List activities in order of preference	Check Year(s) of Participation			
	9 th	10 th	11 th	12 th
_____	—	—	—	—
_____	—	—	—	—
_____	—	—	—	—
_____	—	—	—	—

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EMPLOYMENT/NOTABLE ACHIEVEMENTS

Positions Held/Honors/Awards	Dates
_____	_____
_____	_____
_____	_____

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I have read the criteria for the Tau Theta Omega Chapter, Alpha Kappa Alpha Sorority, Incorporated scholarship award. I accept nomination for this scholarship with full knowledge of the selection process and the conditions related to the acceptance of this award.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

Scholarship Essay

Your application must include an essay. Your essay must contain a minimum of 250 words and address the following topic.

TOPIC: Why should I be selected as a scholarship recipient?

Please provide two letters of reference. One may be from an educator at your school and the other may be from a community person.

Application must be submitted on or before the deadline date of April 15, 2016. Please mail completed scholarship application to

**Scholarship Committee
Tau Theta Omega Chapter
Alpha Kappa Alpha Sorority , Incorporated
Post Office Box 984
Quincy, Florida 32352**