

Alpha Kappa Alpha Sorority Inc.
Upsilon Kappa Omega Chapter
Fayetteville, Fort Bragg, Pope Army Air Field

**Scholarship
Instructions**

Upsilon Kappa Omega Chapter of Alpha Kappa Alpha Sorority, Inc. is an organization of women who are dedicated to promoting academic excellence and professional growth. In support of this commitment, scholarships will be awarded to high school seniors from the Cumberland County School System. Upsilon Kappa Omega Chapter will award community scholarships with a minimum \$1000 per scholarship.

ELIGIBILITY

Each applicant must:

- ❖ Be a graduating senior who has applied for college admission
- ❖ Be involved with community service projects
- ❖ Have at least a 2.5 GPA or higher
- ❖ Complete application and write an essay
- ❖ Turn in (2) Teacher Recommendation Form
- ❖ Official copy High school transcript
- ❖ Official copy of SAT or ACT scores

ESSAY

You must submit a typed, double-spaced essay with a maximum word count of 500 and a minimum of 300 on service.

What does service mean to you? What are you doing to make a difference or give back to your community? What impact has your service had on yourself and others?

SELECTION

Upsilon Kappa Omega's Scholarship committee determines scholarship recipients. The winners will be notified by **May 2018**.

DEADLINE & SUBMISSION REQUIREMENTS

To receive consideration, the applicant must submit a complete application package. The package must include: a completed and signed application, official copy of your high school transcript, official copy of SAT or ACT scores, two teacher recommendation forms, and an essay. This information should be postmarked no later than **March 30, 2018**. All information should be mailed to the address printed on the application. All questions should be directed to Mrs. Mary Hinson at 919-491-3299 or mwilliamsipc@gmail.com, Alpha Kappa Alpha Sorority, Inc. Upsilon Kappa Omega Chapter. **All requested documents must be submitted or scholarship package will not be reviewed.**

SCHOLARSHIP APPLICATION

An essay is required for the submission of scholarship funds.

Personal Data

Name:

Last

First

MI

Date of Birth: _____

Race: _____

Permanent Home

Address: _____

City: _____ State: _____ Zip Code: _____

Father/Guardian

Name: _____

Occupation: _____ Employer: _____

Mother/Guardian

Name: _____

Occupation: _____ Employer: _____

School/Academic Information

Name of School from which you will graduate:

Principal's Name: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Class Rank: _____ as of _____

Cumulative G.P.A.: _____ as of _____

SAT Score: VERBAL _____ MATH _____ WRITTEN _____ TOTAL _____

ACT Score: _____

Have you been accepted to an institution? _____

Where? _____

Intended area of study: _____

Do you receive free or reduced lunch?*(please circle) YES NO

Did you obtain a fee waiver to take the SAT or ACT?*(please circle) YES NO

**The answer to these questions do not disqualify the applicant from scholarship consideration.*

Extracurricular Activities (Attach additional sheets if necessary)

School: _____

Community: _____

Church: _____

Honors and Awards (Attach additional sheets if necessary)

Certification

I hereby affirm that the information contained in this application is true and correct to the best of my knowledge. I further understand that my application will not be given full consideration if I fail to **submit an official copy school transcript, official copy of SAT or ACT scores, two (2) Teacher Recommendation Check-list and the required essays by the deadline given in the instructions.**

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please mail application to:
Alpha Kappa Alpha Sorority, Inc.
Upsilon Kappa Omega Chapter
Attn: Scholarship Committee
P.O. Box 53241
Fayetteville, NC 28305

**Alpha Kappa Alpha Sorority, Inc.
Upsilon Kappa Omega Chapter, Scholarship
Teacher Recommendation Form**

Student Name: _____

Student: This form must be completed by your teacher at the school you currently attend. This form must be included with your application. You must include two completed recommendations for your application to be considered complete.

Teacher: The student named above is applying for an Upsilon Kappa Omega Scholarship. Please complete this form and return in to the student in a sealed envelope with your name written across the back flap of the envelope after it has been sealed. The application deadline is March 30, 2018. Please complete this in a timely manner for the student named above.

Student's Background: We rely heavily on your recommendation. Please check marks at the points that represent your evaluation of this student. If you have had no opportunity to observe, do not hesitate to say so.

How long have you known this student? _____

Characteristics	Excellent	Good	Average	Below Average	No Basis for Judgment
Accuracy in the use of basic skills					
Problem solving ability					
Willingness to accept the challenge difficult problems and exercises					
Ability to articulate thoughts, verbal skills					
Clarity of written expression					
Maturity: Personal development, self-direction, confidence					
Perseverance: Stamina, endurance, ambition					
Reliability: Dependability, sense of responsibility, promptness, conscientiousness					
Communication Skills: Verbal Skills, clarity of expression					
Interpersonal Relations: Ability to get along with others, attitude toward teachers and peers, social skills					

Please use the reverse side of this form to provide additional information or comments about this student.

Phone # to be reached for further discussion if needed: _____

Name (please print): _____ Title: _____

Signature: _____ Date: _____

**Alpha Kappa Alpha Sorority, Inc.
Upsilon Kappa Omega Chapter, Scholarship
Teacher Recommendation Form**

Student Name: _____

Student: This form must be completed by your teacher at the school you currently attend. This form must be included with your application. You must include two completed recommendations for your application to be considered complete.

Teacher: The student named above is applying for an Upsilon Kappa Omega Scholarship. Please complete this form and return in to the student in a sealed envelope with your name written across the back flap of the envelope after it has been sealed. The application deadline is March 30, 2018. Please complete this in a timely manner for the student named above.

Characteristics	Excellent	Good	Average	Below Average	No Basis for Judgment
Accuracy in the use of basic skills					
Problem solving ability					
Willingness to accept the challenge difficult problems and exercises					
Ability to articulate thoughts, verbal skills					
Clarity of written expression					
Maturity: Personal development, self-direction, confidence					
Perseverance: Stamina, endurance, ambition					
Reliability: Dependability, sense of responsibility, promptness, conscientiousness					
Communication Skills: Verbal Skills, clarity of expression					
Interpersonal Relations: Ability to get along with others, attitude toward teachers and peers, social skills					

Student's Background: We rely heavily on your recommendation. Please check marks at the points that represent your evaluation of this student. If you have had no opportunity to observe, do not hesitate to say so.

Please use the reverse side of this form to provide any additional information or comments about this student.

How long have you known this student? _____

Phone # to be reached for further discussion if needed: _____

Name (please print): _____ Title: _____

Signature: _____ Date: _____