ALPHA KAPPA ALPHA SORORITY, INCORPORATED

Gamma Rho Omega Chapter, Inc. 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 1 st 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

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

Deadline

Application must be <u>received</u> by **February 15**, 2016. (application received after this date will not be considered)

Mail To:

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

High School Scholarship Application

Student In	formation					
Full Name:						Age:
Address:	Last	First		М.І.		
7 100.000	Street Address					Apartment/Unit #
	City		Alternate or	State		Zip Code
Home Phon	e: <u>(</u>)		Cell Phone:)	
Accurate E-	mail Address:					
High Schoo	l:			GPA:		(unweighted)
Test Score:	Total SAT:				Total AC	т
Your Guidar	nce Counselor:			Telepho	one:	
Sahalarahi	n for which you are	onnhing: (alegae wite cellene)				
Scholarshi	p for which you are a	applying: (please write college)				
		/	Collogo	of Your Ch	-i	
College (Field of Study):		•		oice	
oomege (
Family Info	ormation					
Parents /gua	ardian:					
Address:						
	Street Address					Apartment/Unit #
	City		Position &		State	Zip Code
Mother/Emp	loyer		Annual Salary: Position &			
Father/Empl	oyer		Annual Salary			
Name Other	r source of income_					
Other sourc	e Total \$		Documented To	otal Fami	ly Income: \$	
Dependents	s living at home: (Sib	olings /Children/Others)		Ages:		
Special Fan	nily Circumstances:					
(ove	er)					

Activities	
School:	
Community:	
Community.	
Awards/Recognitions:	
Work Experience:	
	_
Essay (250-350 word essay must be typewritten <u>and</u> 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	
 Recommendation from a guidance counselor or teacher. 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 and (2) letters of recommendation when mailed (be sure to the correct amount of postage).	use
Deadline and Recipient Notification	
Application must be received no later than February 15. The scholarship recipient will be notified before May 1, no other acknowledgements will be made.	
Mailing Information	
Mail To: Alpha Kappa Alpha Sorority, Incorporated	
Gamma Rho Omega Chapter, Inc. Attn: Scholarship Committee Attn: Scholarship Committee Applications are received via US Mail or dropped in the management of the solution of	nail
1011 West 8 th Street	
Jacksonville, FL 32209	
Acknowledgement (I certify that all information given herein are true and complete to the best of my knowledge.)	
Signature of Applicant Date	