

Alpha Kappa Alpha Sorority, Inc.
Epsilon Zeta Omega Chapter

Scholarship Application

Please complete all items – print in black ink

Name _____ Date of Birth _____

Address _____ City _____ Phone _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Number of Dependents in Family _____ Ages of Dependents _____

High School _____ Date of Graduation _____

Class rank ____ out of ____ Grade point Average _____

College You Plan to Attend _____ Expected Major _____

List Honors received (i.e. Valedictorian, Salutatorian, Honor Society, Globe Scholar, or Departmental Honor etc.) _____

List Extracurricular Activities (i.e. Sports, Band, Cheerleader, Yearbook etc.) _____

List Community Activities (i.e. Volunteer Work, Church Affiliation, Cotillion, Fashionetta, Top Teen, 4H, Boy/Girl Scouts etc.) _____

Scholarship Packet should include:

1. Three letters of recommendation. Include one from the following categories
 - a. A guidance counselor or teacher
 - b. A minister, employer, coach or community leader
 - c. A neighbor, co-worker, or family friend
2. An official High School transcript in a sealed envelope
3. A type written essay, at least 300-400 words in response to the following question: *What significant contribution have you made to your community and how do you plan to make an impact both during and after your college experience?*

Please mail scholarship materials to:

Alpha Kappa Alpha Sorority, Inc.
Attn: Scholarship Committee
P.O. Box 3442
Longview, TX 75606

**To be considered for the scholarship award, this application must be received in the above listed post office box by April 9, 2018.

JD