



# Alpha Kappa Alpha Sorority, Incorporated® Psi Alpha Omega Chapter 2021 Scholarship Application



Dear Student,

Alpha Kappa Alpha Sorority, Incorporated, Psi Alpha Omega Chapter will award several academic scholarships to graduating seniors who reside in or attend school in the Clayton and Henry County areas. Qualified applicants must have a minimum 2.5 overall grade point average, and plan to attend an accredited college or university. Visit <http://www.psialphaomega.org/scholarships/> for more information and to download the application.

All application packets must include the following:

- Completed Application (Typed)
- Application Essay (Typed 500 words or less)
- Unofficial Transcript\*\*
- SAT or ACT Scores
- 1 Recommendation Letter (Academic)\*
- 1 Recommendation Letter (Character)\*
- College Acceptance Letter(s) to an accredited four-year college/university, if received

***\*The academic recommendation letter must be completed by an academic teacher, counselor or administrator of the school in which you currently attend. The second recommendation may be from an individual familiar with your character, school activities, or community involvement.***

Applicants will be judged on: scholarship, character, school and community activities, and essay.

**Scholarship packets must be type written and postmarked by February 19, 2021. Please send to:**

**Alpha Kappa Alpha Sorority, Incorporated  
Psi Alpha Omega Chapter  
c/o Scholarship Committee  
P.O. Box 2626  
Stockbridge, GA 30281**

**\*\*An official transcript must be postmarked by March 5, 2021.**

Inquiries regarding the application can be sent to [scholarship@psialphaomega.org](mailto:scholarship@psialphaomega.org).

Thank you for your cooperation.

Educationally,

**Shana R. Malone**  
President, Psi Alpha Omega Chapter

Psi Alpha Omega Scholarship Committee  
**Felicia Perry**, Co-Chairman  
**Deborah Norman**, Co-Chairman



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Directions: Please type all requested information.

## APPLICANT INFORMATION

First Name		Middle Name		Last Name	
Street Address			City	State	Zip
Home Phone	Cell Phone	Email Address			
Date of Birth		Gender _____ Female _____ Male			

## PARENT / GUARDIAN INFORMATION

1) Parent / Guardian Name	Relationship
Phone Number	Email Address
2) Parent / Guardian Name	Relationship
Phone Number	Email Address

## HIGH SCHOOL INFORMATION

High School Currently Attending			Overall GPA		
Address		City	State	Zip	

## COLLEGE ASPIRATIONS

Colleges / Universities You Applied To or Plan to Apply	Intended Major or Field of Study
Are you planning to attend an HBCU? _____ Yes (if yes, complete the HBCU essay below) _____ No	



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**SCHOOL ACTIVITIES (includes Honors/Awards/Recognitions)**

Name of Activity	Grade (Check boxes that apply)				Description
	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**COMMUNITY ACTIVITIES (includes Employment, Awards/Recognitions)**

Name of Activity	Grade (Check boxes that apply)				Description
	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					



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## ESSAY

In five hundred (500) words or less, please share why you should be considered for the Alpha Kappa Alpha Sorority, Incorporated, Psi Alpha Omega Chapter Scholarship. How does your life's purpose connect to the ideals of Alpha Kappa Alpha Sorority, Incorporated? *Please use the space provided.*



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## **ESSAY** *(only complete if you are planning to attend an HBCU)*

In five hundred (500) words or less, please tell us why you believe Historically Black Colleges and Universities (HBCUs) are still a necessary option for higher education? Include why you choose to attend an HBCU.

*Please use the space provided.*



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**MENTORING PROGRAMS**

Were you a member of any mentoring programs sponsored by Alpha Kappa Alpha Sorority, Incorporated, Psi Alpha Omega Chapter (Exquisite P.E.A.R.L.S., #CAP) or the Southern Crescent Pearls Foundation (Cotillion Program)?

YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes, please list the program and date(s) of participation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURES**

**I have provided truthful and complete information in this application and understand the requirements of this program. I understand that if I am a recipient of this scholarship award, that my awarded amount will be submitted on my behalf to the accredited four year college/university in which full-time enrollment has been verified. I forfeit the awarded amount if I do not attend an accredited four-year college/university and I am not enrolled as a full-time student.**

Applicant's Signature

Date

Parent / Guardian's Signature

Date