

**ALPHA KAPPA ALPHA SORORITY, INC. SCHOLARSHIP APPLICATION INSTRUCTIONS**

1. Applicant must be a female Muskegon County resident, attending school in the Muskegon Area Intermediate School District and who will graduate by June 2016.
2. Applicant must answer all application questions and complete the entire packet.
3. Applicant must return the application packet to the designated address, postmarked by 4/1/16.
4. Applicant must write an essay choosing **ONE** of the following questions:
5. What are your educational and career goals? How will they be utilized to improve the quality of life for all women?
6. Identify a woman you feel has made a positive impact in your community. What did she do and how will you build upon her legacy?
7. What are some of the challenges you have faced in your academic career and how have you overcome them?
8. The essay must be 250-300 words, typed and double spaced.
9. Applicant may need to participate in an interview before the Alpha Kappa Alpha Scholarship committee.
10. Applicant, if selected as a scholarship recipient, will be presented with a scholarship award letter at their school’s senior honors/awards program.
11. Completed application packets must be returned to:

 Alpha Kappa Alpha Sorority, Inc.

 Nu Phi Omega Chapter

 P.O. Box 946 Muskegon, MI 49440

 ATTN: Trina Sandifer, AKA Scholarship Chair

 **ALL APPLICATION PACKETS MUST BE POSTMARKED NO LATER THAN 4/11/15**



**ALPHA KAPPA ALPHA SORORITY, INC. SCHOLARSHIP APPLICATION**

**Directions: Please type or print (legibly) in black ink.**

1. PERSONAL INFORMATION

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle initial

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (mm/dd/yyyy)

Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently reside in Muskegon County \_\_\_\_Yes \_\_\_\_No

Parent/Guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ACADEMIC INFORMATION

High School currently attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduation date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ (mm/dd/yyyy)

Applicant’s Grade Point Average (G.P.A) on a 4.0 scale: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College planning to attend in fall 2016: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *\*Have you been accepted for admission?* Yes No (Circle One)

1. SCHOOL / COMMUNITY ACTIVITIES

List any high school activities/organizations that you have participated in and any awards received.

1. List any community organizations that you have participated in (i.e church groups, volunteerism, etc.)

**Acknowledgement:**

**By signing this form you are acknowledging the information provided is true and completed to the best of your knowledge.**

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

Applicant name (printed)

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

Applicant signature Date

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

High School Counselor name (printed)

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

High School Counselor signature Date

 

**ALPHA KAPPA ALPHA SORORITY, INC. SCHOLARSHIP APPLICANT STATUS FORM**

***\*Scholarship applicants please give this form to your high school counselor for completion\****

Applicant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First M. I.

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

Grade Point Average (G.P.A) computed on a 4.0 scale: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: Please include a complete transcript**

**Certification**

***\*Must be completed by a guidance counselor or authorized representative from the applicant’s high school\****

**By signing this form you are certifying that the information providing is true and complete to the best of your knowledge.**

Authorized by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name (print) Tittle (print) Phone

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

 Signature Date

 Please attach this sheet and transcript to the student’s application and mail to:

Alpha Kappa Alpha Sorority, Inc.

 Nu Phi Omega Chapter

 P.O. Box 946 Muskegon, MI 49440

 ATTN: Trina Sandifer, AKA Scholarship Chair

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