

Alpha Kappa Alpha Sorority, Incorporated*
Theta Alpha Omega Chapter
and
The Pearl Foundation, Incorporated*

January 28, 2021

Dear Scholarship Applicant:

Theta Alpha Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated* is offering scholarships to college bound high school seniors. The applicant must have a cumulative grade point average of 2.7 or higher. The applicant must be available to attend the virtual awards ceremony on Saturday, May 22, 2021.

To apply, qualified students must submit the following items all together in one packet:

1. Completed biographical form signed and dated (see enclosure)
2. Completed Parents'/Guardians' Confidential Financial Form (see enclosure). The information is needed on the custodial and any non-custodial parent. If the information is not available on the non-custodial parent, please explain why on Parents'/Guardians' Confidential Financial Form.
3. Two (2) typed letters of recommendation from a teacher, counselor, mentor, employer, pastor, etc. Letter writers cannot be a family member. These letters must not be dated earlier than September 2020. Letters must be signed, dated and include contact information of the letter writer.
4. Sealed official school transcript (including Fall 2020 semester grades)
5. A typed essay of 400 to 500 words on the topic: **“Alpha Kappa Alpha Sorority’s mission includes ‘Service to all Mankind’. Describe how you have helped others through community service or similar activities. Additionally, how does ‘service to all mankind’ apply to you and your future goals?”** The essay will be graded on how well the topic is addressed, along with spelling, grammar and punctuation.
6. One 4x6 color professional, portrait type photo of yourself (no selfies).

Application packets are to be submitted via U.S. Postal Service only. Failure to abide by any of the above criteria will result in disqualification for scholarship consideration.

The deadline for submission of an application package is **Wednesday, March 10, 2021** (postmark acceptable). All complete application packages should be mailed to:

Alpha Kappa Alpha Sorority, Incorporated*
Theta Alpha Omega Chapter
PO Box 92109
Long Beach, California 90809-2109
Attention: Scholarship Chair

Incomplete application packages will not be considered.

Sincerely,



Denise Barker
Scholarship Chair
Theta Alpha Omega Chapter



Terri Williams
President
Theta Alpha Omega Chapter

Alpha Kappa Alpha Sorority, Incorporated*
Theta Alpha Omega Chapter
and
The Pearl Foundation, Incorporated*

SCHOLARSHIP APPLICATION BIOGRAPHICAL FORM
(Confidential)

Last Name	First Name	Middle Initial	Date of Birth
-----------	------------	----------------	---------------

High School

Address: _____

Email Address: _____

Home Phone Number: _____ Cell Phone Number: _____

In high school, my major area of interest is: _____

In college, I plan to major in: _____

My occupational/career goal is: _____

List high school activities, honors, awards and office held. Include number of semesters you have been involved (i.e., Student Government – 3 semesters; Track & Field – 2 semesters).

List non-school activities (i.e., youth group, community service/volunteer, summer programs, church group). Include time spent (i.e., one time per week; 2 times per month).

I am applying for admission to the following colleges and universities:

Acceptances received: _____

Scholarships/grants awarded or expected:

How did you learn about this scholarship opportunity?

Applicant's Signature: _____ Date: _____

Privacy is of paramount importance and all information submitted by applicants and parents/guardians shall remain confidential and will not be shared with any outside organization.

Alpha Kappa Alpha Sorority, Incorporated*
Theta Alpha Omega Chapter
and
The Pearl Foundation, Incorporated*

PARENTS’/GUARDIANS’ CONFIDENTIAL FINANCIAL FORM

This sheet is to be filled out **completely** and signed by parent(s) or guardian(s).

Applicant lives with: ___ Mother ___ Father ___ Foster Parent ___ Guardian
 ___ Kinship Care ___ Other (specify) _____

PARENT OR GUARDIAN

PARENT OR GUARDIAN

Name: _____
 Address: _____
 Phone Number: _____
 Employer: _____
 Position Held: _____
 2019 Annual Gross Income: _____
 2020 Projected Gross Income: _____

Name: _____
 Address: _____
 Phone Number: _____
 Employer: _____
 Position Held: _____
 2019 Annual Gross Income: _____
 2020 Projected Gross Income: _____

Information for both parents is to be provided or an explanation as to why a parent’s information is unavailable

List all other dependents (not including parents or applicant):

Name	Age	In school or working
_____	_____	_____
_____	_____	_____
_____	_____	_____

If another child attends college, how is it financed:

Name	College Name	Financial Contribution from parents (please describe)	Other Financial Aid (please describe: Student Aid, Student Loan)
_____	_____	_____	_____
_____	_____	_____	_____

Applicant’s income: List all sources of income, including grants and scholarships with specified amounts

Source	Amount	Source	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What is the family's total annual contribution to this applicant's college education? If none, explain.

Add any other information which you think would be helpful to the committee, including special circumstances:

We believe the information, provided on this financial form, to be true and correct to the best of our ability. Should the information be found otherwise, we understand this would void the Theta Alpha Omega Chapter Scholarship, which may be granted.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____