

Alpha Kappa Alpha Sorority, Inc.  
Lambda Nu Omega  
2019 Application

## Eligibility Criteria

### Requirements

- Minimum GPA of 2.5
- Current High School Senior
- Must be enrolled in or accepted to an accredited college, trade school or university
- Two Character Recommendations (Community and/or Academic)
- Completed Application, including essay questions due by **March 15<sup>th</sup>**
- Must send a photo via mail or email (no photos will be returned)

**\*Incomplete applications and information will be not be considered.**

### Essay

- Must be typed, double-spaced, 12 point font
- **500 words per question**
- You must answer both questions

### Essay Questions

- How does Alpha Kappa Alpha Sorority, Inc. serve the community?
- What are your educational goals?

### Character Recommendation

- You must turn in **two** character recommendations (1 personal and 1 academic) with your application. **All documents are due March 15<sup>th</sup>.**
- **All** recommendations must be completed and mailed to:

**Alpha Kappa Alpha Sorority, Inc.**

**P.O. Box 8528**

**Waukegan, IL 60079**

**akalakecounty@gmail.com**

## Application Checklist

- Scholarship Application** All sections of this application must be completed. The Student must sign and date the last page of this application.
- Essay** The student must answer both essay questions
- Transcripts** Submit an official high school transcript
- Letters of Recommendation** The student must submit two (2) letters of recommendation

## Personal Background

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

Last

First

M.I.

Gender:  M  F

Preferred First Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Degree pursuing:  Trade School  Associates  Bachelors

College/University attending: \_\_\_\_\_ (please attach acceptance letter)

First Generation Student (parents have not graduated from college) \_\_\_ Yes \_\_\_ No (1 or both parents have graduated from college)

Are you in the AKA #CAP Educational program? \_\_\_ Yes \_\_\_ No

## Academic Background

### High School Information

Name of High School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Date of Graduation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cumulative (overall) Grade Point Average: \_\_\_\_\_

**Extracurricular Activities (include school and work activities)**

**Community Contributions**

List below any community or service organizations you have provided services to:

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**Academic Honors**

List below major academic honors or distinctions you have received. Please be specific:

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**Financial Information**

Do you plan to apply for federal financial assistance?  Yes  No

If so, when \_\_\_\_\_

If not, please explain:

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Household adjusted gross income: \_\_\_\_\_

(Include parent's income if you are a dependent student)

Number of people in household: \_\_\_\_\_ Number enrolled in college: \_\_\_\_\_

**SCHOLARSHIP RECOMMENDATION FORM - SCHOOL**  
**TO BE COMPLETED BY HIGH SCHOOL ADMINISTRATOR**

The applicant, \_\_\_\_\_ is recommended for consideration for an Alpha Kappa Alpha Sorority Scholarship.

The scholastic achievement of this applicant is as follows:

- A. Will graduate on: \_\_\_\_\_
- B. SAT score \_\_\_\_\_ or ACT score \_\_\_\_\_

This applicant's leadership qualities are as follows:

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This applicant's character is as follows:

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This applicant has participated in the following high school extra-curricular activities:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## Community Recommendation

*To be completed by person recommending applicant (Supervisor, faculty members, minister, or community leader)*

\_\_\_\_\_ is applying for the Alpha Kappa Alpha Scholarship.

Student's Name \_\_\_\_\_

In view of your knowledge of the applicant, how do you assess his or her abilities and character in the following categories as compared to his or her peers?

	Superior	Above Average	Average	Below Average	Poor	Not Observed
Ability to work well with others						
Determination to succeed						
Maturity						
Interpersonal Skills						
Self-Confidence						
Self-Discipline						
Oral Communication						
Motivation to further education						
Motivated to make a difference in their community						

How long have you known the applicant? \_\_\_\_\_  Years  Months

In what capacity? \_\_\_\_\_

Your recommendation of this applicant for this Scholarship

Highly Recommended  Recommend  Recommend with Reservation  Not Recommended

Please give a brief appraisal of the applicant's strengths, weaknesses and interpersonal skills.

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

**Recommendation From:**

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Academic Transcript**

A true and correct copy of my high school transcript, certified by an appropriate high school official is attached.

**I certify that the completeness and accuracy of the information supplied throughout this application, and that the essays are entirely my own work.**

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Signature of the Applicant

**For Office Use Only**

**Applicant Evaluation**

**Collegiate/Career Goals and Objectives**

**Attending HBCU or CLC**

**Community Services**

**Essay**

# Alpha Kappa Alpha Sorority, Inc. Lambda Nu Omega

## **Photo Release Consent Form**

Student Name: \_\_\_\_\_ High School: \_\_\_\_\_

I hereby consent to participation in interviews, the use of quotes, and the taking of photographs, movies or videos of the Student named above by Alpha Kappa Alpha Sorority, Inc.

I also grant to Alpha Kappa Alpha Sorority, Inc. the right to edit, use and reuse said products including use in print, on the internet, and all other forms of media, whether electronic, print or digital and whether now known or hereafter existing.

I also hereby release Alpha Kappa Alpha Sorority Inc. and its members from all claims, demands, and liabilities whatsoever in connection with the above.

Parent/Guardian Signature (if student is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

**OR**

Student Signature (if student is over 18): \_\_\_\_\_ Date: \_\_\_\_\_