ALPHA KAPPA ALPHA SORORITY, INCORPORATED

Gamma Rho Omega Chapter 2020 Scholarship Application Information High School Applicant



Eligibility

To be eligible for a scholarship, an applicant must:

- (1) be a current resident of Duval County
- (2) be a graduating female senior
- (3) have a grade point average of 3.0+
- (4) have an ACT score of 19+ or SAT score of 1200+
- (5) provide letter of college acceptance
- (6) include an official transcript and 1st semester grades
- (7) indicate a financial need
- (8) provide a typewritten personal essay

Scholarships Amount Varies

For entry to HBCU (Historically Black Colleges and Universities) or to a College of Your Choice (not HBCU)

Submission of A	pplication (Use this check list – 8 Required Components)
	Completed application form (remember to sign your application)
	Attached recent photo (photo may be used for press release)
	Copy of an official transcript (to include your senior year 1 st semester grades)
	Proof of SAT or ACT score
	A personal Essay (250-350 words)
	Two (2) letters of recommendation (guidance counselor/teacher and a community member/non-relative)
	College acceptance letter(s) (must be received before awarding a scholarship)
Stude	Copy of entire FAFSA Report FAFSA = Free Application for Federal ent Aid

Note: After reviewing all application information, you may be asked to come in for an interview with the scholarship committee.

Deadline

Application must be <u>received</u> by Friday, **March 27, 2020**. (application received after this date will not be considered)

Mail To:

Alpha Kappa Alpha Sorority, Incorporated Gamma Rho Omega Chapter Attn: Scholarship Committee 1011 West 8th Street Jacksonville, FL 32209 Applications are received via US Mail or dropped in the mail slot at the address of the sorority house as provided **(only).**

DO NOT SEND VIA EMAIL, CERTIFIED OR OVERNIGHT MAIL.

Alpha Kappa Alpha Sorority, Incorporated Gamma Rho Omega Chapter 1011 West 8th Street Jacksonville. FL 32209

High School Scholarship Application

Student In	formation				
Full Name:	Last	First		M.I.	Age:
Address:	-				
	Street Address				Apartment/Unit #
	City			State	Zip Code
Home Phor	ne: (<u>)</u>		Alternate or Cell Phone:	()	
Accurate E	-mail Address:				
High Schoo	ol:		G	SPA:	(unweighted)
Test Score:	Total SAT:			<u>Total</u>	ACT
Vour Guido	nce Counselor:			Tolophono	
Toul Guida	nice Counselor.			Telephone:	
Scholarshi	i p for which you are	applying: (please write college)			
		1			
		HBCU	College of	Your Choice	
College	(Field of Study):				
Family Info	ormation				
Parents/guardian:					
Address:					
	Street Address				Apartment/Unit #
	City			State	Zip Code
Mother/Employer			Position &Annual Salary:		
Father/Emp	•		Position & Annual Salary		
·	-				
			Documented Tota	al Eamily Incomo	. ** ¢
Other source Total \$			•		
Dependents living at home: (Siblings /Children/Others)		olings /Children/Others)	Ag	ges:	
Special Family Circumstances:					
(0)	/er\				

^{**}Please include entire FAFSA Report

Activities	
School:	
<u></u>	
Community	
Community:	
Awards/Recognitions:	
Work Experience:	
F	
Essay (250-350 word essay must be typewritten <u>and</u> inc	
In your essay discuss your goals, field of study and y extenuating circumstances which might contribute to	our reasons for seeking this scholarship. Be sure to include any your situation, and attach to this application.
Personal References	
 Recommendation from a guidance counselor or t Recommendation from a community member (no 	
Application Submission	
	ust include the application form with applicant signature, an official
	T score, copy of your 2019/2020 FAFSA and (2) letters of
Deadline and Recipient Notification	
	March 27. The scholarship recipient will be notified by Monday, May 4 th .
Applicants who move on to the interview phase of qu	
Mailing Information	
Mail To: Alpha Kappa Alpha Sorority, Incorporated	
Gamma Rho Omega Chapter	Applications are received via US Mail or dropped in the mail
Attn: Scholarship Committee 1011 West 8 th Street	slot at the address of the sorority house as provided (only).
Jacksonville, FL 32209	DO NOT SEND VIA E-MAIL, CERTIFIED OR OVERNIGHT MAIL
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Acknowledgement (I certify that all information	on given herein are true and complete to the best of my knowledge.)
Signature of Applicant	Date