



Alpha Kappa Alpha Sorority Incorporated®
Upsilon Kappa Omega Chapter
Fayetteville, Fort Bragg, Pope Army Airfield



Scholarship Instructions

Upsilon Kappa Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated® is an organization of college educated women who are dedicated to promoting academic excellence and professional growth. In support of this commitment, scholarships will be awarded to high school seniors from Cumberland and surrounding counties. The scholarship amount will be a minimum of \$500.00.

ELIGIBILITY

Each applicant must:

- ❖ Be a graduating senior who has applied to an institution of higher education
- ❖ Be involved with community service activities
- ❖ Have an unweighted GPA of 2.5 or higher
- ❖ Complete the scholarship application with a presentation (see below)
- ❖ Turn in (2) Recommendation Forms (at least one academic teacher)
- ❖ Provide an official copy of high school transcript
- ❖ Provide a copy of SAT or ACT scores (optional; not required & will NOT affect application status)

PRESENTATION

Applicants must submit a presentation that exemplifies a proposed community service project to your college leadership committee. The criteria used should reflect the project title, purpose, target audience, and steps for implementation.

*With the talents & skills you have, how are you serving your community, or would like to?
What are some areas of concern in which you could make a difference in your community?*

SELECTION

The Upsilon Kappa Omega's Scholarship committee determines scholarship recipients. The winners will be notified in **May 1, 2022**. In compliance with COVID-restrictions, an awards ceremony will be held to recognize the recipients.

DEADLINE & SUBMISSION REQUIREMENTS

To receive consideration, the applicant must submit a complete application packet via email or postal mail. The packet must include: a completed and signed application, an official copy of the high school transcript, SAT or ACT scores (optional), two recommendation forms (attached) and a presentation. This information should be emailed by 11:59 pm on **April 1, 2022** to Mrs. Kishia Hagan, (kishia.hagan1908@yahoo.com) or postmarked no later than **April 2, 2022**. All information should be mailed in one packet to the address printed on the application or submitted together via email to: *kishia.hagan1908@yahoo.com*. All questions should be directed to Mrs.

Kishia Hagan (910) 494-1583.

All requested documents must be submitted via email or postmarked no later than April 1, 2022.

SCHOLARSHIP APPLICATION

A presentation is required for the application to be complete

Personal Data

Name: _____
Last *First* *Middle*

Phone # _____ Email _____

Date of Birth: _____ Race: _____

Current Home Address: _____

City: _____ State: _____ Zip Code: _____

Father/Guardian

Name: _____

Occupation: _____ Employer: _____

Mother/Guardian

Name: _____

Occupation: _____ Employer: _____

School/Academic Information

Name of School from which you will graduate: _____

Principal's Name: _____

Counselor's Name: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Class Rank: _____ out of _____ as of date _____ Cumulative G.P.A:

_____ as of date _____ SAT Score: MATH _____

READING/WRITING _____ TOTAL _____ ACT Composite Score:

List the colleges/universities to which you have been accepted: _____

Intended area of study: _____

Did you obtain a fee waiver to take the SAT or ACT?* (please check) YES ___ NO ___

Did you obtain fee waivers for submitting college applications?*YES ___ NO ___

**The answers to these questions do not disqualify the applicant from scholarship consideration.*
Extracurricular Activities (Attach additional sheet if necessary)

School: _____

Community: _____

Faith Based: _____

Work: _____

Community Service Activities (Attach additional sheet if necessary)

Honors and Awards (Attach additional sheet if necessary)

Certification

I hereby affirm that the information contained in this application is true and correct to the best of my knowledge. I further understand that my application will not be given full consideration if I fail to **submit an official copy of my high school transcript, copies of SAT or ACT scores (optional), two (2) Recommendation Forms, and the required presentation by the deadline date given in the instructions.**

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please mail all documents to the address below or submit all documents via email to Mrs. Kisha Hagan: kishia.hagan1908@yahoo.com

Alpha Kappa Alpha Sorority, Incorporated®
Upsilon Kappa Omega Chapter
Attn: Scholarship Committee
P.O. Box 53241
Fayetteville, NC 28305

**Alpha Kappa Alpha Sorority, Incorporated®
Upsilon Kappa Omega Chapter, Scholarship
Teacher Recommendation Form**

Student Name: _____

Student: This form must be completed by a teacher at the school you currently attend. This form must be included with your application.

Teacher: The student named above is applying for an Upsilon Kappa Omega Scholarship. Please complete this form and return to the student in a sealed envelope with your name written across the back flap of the envelope after it has been sealed or submit this form via email to Mrs. Kishia Hagan at: *kishia.hagan1908@yahoo.com*. The application deadline is **April 1, 2022**.

Please complete this form in a timely manner for the student named above.

How long have you known this student? _____

Characteristics	Excellent	Good	Average	Below Average	No Basis for Judgment
Ability to solve problems					
Willingness to accept the challenge of difficult questions and exercises					
Ability to articulate thoughts and verbal communications					
Maturity: Personal development, self-discipline, confidence					
Perseverance: Stamina, endurance, ambition, does not give up easily					
Reliability: Dependability, sense of responsibility, promptness, conscientiousness					
Interpersonal Relations: Ability to get along with others, attitude toward teachers and peers, social skills					

*Please write a statement about this student that may assist the committee in making a decision.

Phone # to be reached for further discussion (if needed): _____

Name (please print): _____ Title/Subject _____

Signature: _____ Date: _____

**Alpha Kappa Alpha Sorority, Incorporated®
Upsilon Kappa Omega Chapter, Scholarship
Teacher Recommendation Form**

Student Name: _____

Student: This form must be completed by a teacher at the school you currently attend. This form must be included with your application.

Teacher: The student named above is applying for an Upsilon Kappa Omega Scholarship. Please complete this form and return to the student in a sealed envelope with your name written across the back flap of the envelope after it has been sealed or submit this form via email to Mrs. Kishia Hagan at: *kishia.hagan1908@yahoo.com*. The application deadline is **April 1, 2022**.

Please complete this form in a timely manner for the student named above.

How long have you known this student? _____

Characteristics	Excellent	Good	Average	Below Average	No Basis for Judgment
Ability to solve problems					
Willingness to accept the challenge of difficult questions and exercises					
Ability to articulate thoughts and verbal communications					
Maturity: Personal development, self-discipline, confidence					
Perseverance: Stamina, endurance, ambition, does not give up easily					
Reliability: Dependability, sense of responsibility, promptness, conscientiousness					
Interpersonal Relations: Ability to get along with others, attitude toward teachers and peers, social skills					

*Please write a statement about this student that may assist the committee in making a decision.

Phone # to be reached for further discussion (if needed): _____

Name (please print): _____ Title/Subject _____

Signature: _____ Date: _____