

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



### Scholarship Instructions

Upsilon Kappa Omega Chapter of Alpha Kappa Alpha Sorority, Inc.® 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 a four-year institution
- ❖ Be involved with community service activities
- ❖ Have an unweighted GPA of 2.5 or higher
- ❖ Complete the scholarship application with answering an essay question
- ❖ Turn in (2) Recommendation Forms (at least one academic teacher)
- ❖ Provide an official copy of high school transcript

### ESSAY

Select one of the questions below to write an essay. The essay must be a minimum of one page not to exceed two pages typed using 12-point Times New Roman font and double spaced.

- *The commitment of Alpha Kappa Alpha Sorority, Inc “is to be Supreme in Service to all mankind”. In what ways have you demonstrated this commitment and how would you like to continue to serve in the future post college?*
- *If money was not a concern, what initiative would you create and implement in your community?*

### SELECTION

The Upsilon Kappa Omega’s Scholarship committee determines scholarship recipients. The winners will be notified on **May 1, 2023**. A member of the sorority will attend the Seniors Awards Day to present the scholarship.

## **DEADLINE & SUBMISSION REQUIREMENTS**

To receive consideration, the applicant must submit a completed application packet via postal mail. The packet must include: a completed and signed application, essay, an official copy of the high school transcript in a sealed envelope, two recommendation forms (attached) each in a sealed envelope. All sealed envelopes should be signed on the back across the seal by the person completing the recommendation. The complete application must be postmarked no later than **April 1, 2023**. **All information should be mailed in one packet to the address printed on the application.** All questions should be directed to Kanisha Jones-Dunor via email [kreena1908@gmail.com](mailto:kreena1908@gmail.com) or by phone (910) 584-2392.

## **SCHOLARSHIP AWARD AND DISBURSEMENT**

- Scholarship checks will be disbursed upon receipt of enrollment verification from the registrar's office on the selected college/university's letterhead indicating full-time enrollment for the fall.
- Upon receipt of the enrollment verification, the scholarship check will be sent directly to the student via certified mail.
- The scholarship award will be forfeited if the official enrollment verification is not received by the Upsilon Kappa Omega Chapter Scholarship Committee by October 1, 2023 and/or the recipient does not attend a four-year college/university during the fall 2023.

*Please mail your completed application to the address below:*

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

**All requested documents must be postmarked no later than April 1, 2023 together in one envelope.**

## SCHOLARSHIP APPLICATION

### 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 \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Intended area of study: \_\_\_\_\_

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 include an **application, submit an official copy of my high school transcript, two (2) Recommendation Forms, and the required essay by the deadline date given in the instructions.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please mail all documents to the address below*

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

**Alpha Kappa Alpha Sorority, Inc.®**  
**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 it to the student in a sealed envelope with your name written across the back flap of the envelope after it has been sealed. The application deadline is **April 1, 2023**.

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					
<b>Maturity:</b> Personal development, self-discipline, confidence					
<b>Perseverance:</b> Stamina, endurance, ambition, does not give up easily					
<b>Reliability:</b> Dependability, sense of responsibility, promptness, conscientiousness					
<b>Interpersonal Relations:</b> 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 or include a letter of recommendation.

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

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

Name (please print): \_\_\_\_\_ Title/Subject \_\_\_\_\_

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

**Alpha Kappa Alpha Sorority, Inc.®**  
**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 it to the student in a sealed envelope with your name written across the back flap of the envelope after it has been sealed. The application deadline is **April 1, 2023**.

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					
<b>Maturity:</b> Personal development, self-discipline, confidence					
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\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Name (please print): \_\_\_\_\_ Title/Subject \_\_\_\_\_

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