

SISTERS, INCORPORATED
and
GAMMA TAU OMEGA CHAPTER OF
ALPHA KAPPA ALPHA SORORITY, INCORPORATED
P. O. Box 12096 • Columbus, Georgia 31917- 12096

January 15, 2020

Dear Student:

SISTERS, Incorporated and Gamma Tau Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated will award several merit and financial needs-based scholarships to graduating female students in the Chattahoochee Valley and surrounding areas.

To be considered as an applicant you must complete the materials contained in the scholarship packet. If you wish to be considered for a financial need scholarship, you **must** attach a copy of the first page only of your parents' 2017 IRS 1040 form with all social security numbers blacked out with the exception of the last four digits of your social security number. Your packet must include an application and three (3) letters of recommendation. It is suggested that the school counselor submit one recommendation letter. The remaining two letters must be written by non-family members who have first-hand knowledge of the applicant's characteristics (e.g., teacher, employer, etc.). These letters must be signed and presented in sealed envelopes.

In addition, each applicant **must** submit an official transcript and a copy of an acceptance letter to an accredited college or university with the completed packet.

Only completed scholarship application packets will be considered. **Your packet must be postmarked on or before February 21, 2020. Packets received after February 21st will not be considered. Mail the completed scholarship application packet to:**

SISTERS, Incorporated
Scholarship Committee
P. O. Box 12096
Columbus, Georgia 31907-12096

Scholarships will be awarded on the basis of academic achievement, character, citizenship, school activities, community service, a personal interview, and financial need if applicable. Scholarship awards will be announced on **Thursday, April 23, 2020 at the Green Island Country Club, 6501 Standing Boy Road at 6:30 p.m.**

Thank you in advance for your interest and cooperation. You may contact us at gotoscholarship@gmail.com

Anita Smith and Sherry Ramsey Scholarship Committee Co - Chairs SISTERS, Inc. and Gamma Tau Omega Chapter of Alpha Kappa Alpha Sorority, Inc.

SISTERS, Inc.
Gamma Tau Omega Chapter of Alpha Kappa Alpha Sorority, Inc.

Scholarship Application

Please complete and return to the Scholarship Committee.

LAST 4 DIGITS SSN _____

DATE _____

NAME _____ TELEPHONE # _____
Last First Middle (Home) Include Area Code

DATE OF BIRTH _____ AGE _____
Month Day Year

PARENT/GUARDIAN _____
Name

ADDRESS _____
City State Zip Code

EMAIL ADDRESS (Required) _____

High School _____ ACT Score _____

Number of Graduates _____ SAT Score _____

GPA _____ Verbal _____ Math _____ Writing _____

This section **must** be completed if you are applying for the **Financial Assistance Scholarship**. A copy of the **first page** only of your parents **2017 IRS 1040 Tax Forms** are **mandatory** inclusion for this scholarship. Please **Black Out** your SSN except the **last four (4) digits** on all forms. List the information requested below from the **1040 Form** submitted with your application.

Total number of exemptions _____ Adjusted Gross Income _____

Financial Scholarship Agreement

I certify that the information I have provided on this form is complete and accurate. I authorize **SISTERS, Inc.** and **Gamma Tau Omega Chapter of Alpha Kappa Alpha Sorority, Inc.** to use this information for the sole purpose to assess my eligibility for a scholarship.

Signature of the Applicant _____ Date _____

SISTERS, Incorporated
Scholarship Committee
P. O. Box 12096
Columbus, Georgia 31907-12096

Please list school, community, and church activities in which you have participated. Include any special recognition you have received (honors, awards, offices held, etc.) Also, submit at least one letter documenting your community service.

Which college/university do you plan to attend? _____

What is your intended major? _____

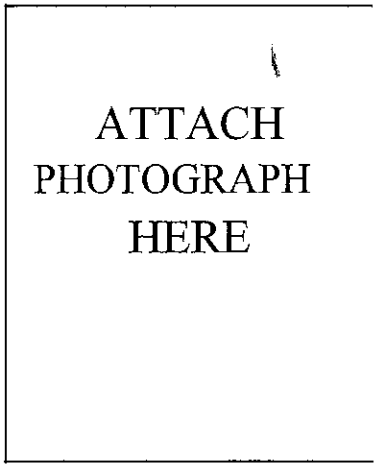
Why did you choose to apply for this scholarship?

**Attach additional sheet(s) if you need more space*

Applicants Signature

Applicant Phone #
(Cell) _____

Parent/Guardian Phone #
(Cell) _____



SISTERS, Inc.
Gamma Tau Omega Chapter of Alpha Kappa Alpha Sorority, Inc.
SCHOLARSHIP RECOMMENDATION

APPLICANT _____

Your name and relationship to the applicant _____

Please evaluate the applicant on the following characteristics. Check the box that closely describes the applicant in that area.

- | | | | |
|--|-----------------------------------|------------------------------------|-------------------------------|
| 1. Works for academic excellence. | <input type="checkbox"/> Superior | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good |
| 2. Demonstrates enthusiasm for assigned tasks. | <input type="checkbox"/> Superior | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good |
| 3. Demonstrates leadership ability. | <input type="checkbox"/> Superior | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good |
| 4. Demonstrates good citizenship. | <input type="checkbox"/> Superior | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good |
| 5. Supports school and community activities. | <input type="checkbox"/> Superior | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good |
| 6. Communicates well with others. | <input type="checkbox"/> Superior | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good |
| 7. Works cooperatively with others. | <input type="checkbox"/> Superior | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good |

Additional Comments _____

Name _____

Signature _____

Title _____

Date _____

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Gamma Tau Omega Chapter of Alpha Kappa Alpha Sorority, Inc.
SCHOLARSHIP RECOMMENDATION

APPLICANT _____

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Additional Comments _____

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Additional Comments _____

Name _____

Signature _____

Title _____

Date _____

SISTERS, Inc.

Gamma Tau Omega Chapter of Alpha Kappa Alpha Sorority, Inc.

Scholarship Packet Checklist

Please ensure you have **all** of the items listed below before submitting your packet.
Thank you.

- Scholarship application
- Letter documenting community service, **if applicable**
- Letter of Recommendation from Counselor
- Two** letters of recommendation from non-family members
- Official Transcript (**sealed**)
- Copy of college/university acceptance letter
- Copy of first page of Parents' IRS 1040 Form, if applicable

*****Packets **must be** postmarked by **February 21, 2020** to be considered. *****