

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

March 29, 2017

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 plan to attend **Columbus Technical College (CTC) or Chattahoochee Valley Community College (CVCC)** and complete the materials contained in the scholarship packet (application, recommendation form and checklist). Your packet must include an application and two (2) recommendation forms. The school counselor must submit one recommendation form and the remaining form must be completed by non-family members who have first-hand knowledge of the applicant's character (e.g., teacher, employer, etc.). These forms must be signed and presented in sealed envelopes.

If you wish to be considered for a financial need scholarship, you **must** attach a copy of the first page only of your parents' 2016 IRS 1040 form with all social security numbers blacked out with the exception of the last four digits of your social security number. In addition, each applicant **must** submit an official transcript and a copy of an acceptance letter from the college or verification of dual enrollment with the completed packet.

Only completed scholarship application packets will be considered. The packets **must be received on or before April 7, 2017**. ***Because of the imminent deadline, students are allowed to submit their application electronically to gto scholarship@gmail.com or mail the completed scholarship application packets to:**

SISTERS, Inc.
Scholarship Committee
P.O. Box 12096
Columbus, Georgia 31917-12096

****If applying electronically, applicant may bring sealed documents to the interview.***

Scholarships will be awarded based on academic achievement, character, citizenship, school activities, community service, a personal interview, and financial need, if applicable. Scholarship awards will be announced on **Thursday, April 20, 2017 at the Green Island Country Club, 6501 Standing Boy Road at 6:30 p.m.**

You may contact us at gto scholarship@gmail.com.

Bronwyn Hughes and Carolyn G. Randolph, 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.

DATE _____ LAST 4 DIGITS SSN _____

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 _____ GPA _____

Entrance Test Score (if applicable) _____

This section **must** be completed if you are applying for the **Financial Assistance Scholarship**. A copy of the **first page** only of your parents **2016 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 recognitions you have received (honors, awards, offices held, etc.) Also, submit at least one letter documenting your community service.

Which college do you plan to attend? _____

What is your intended major? _____

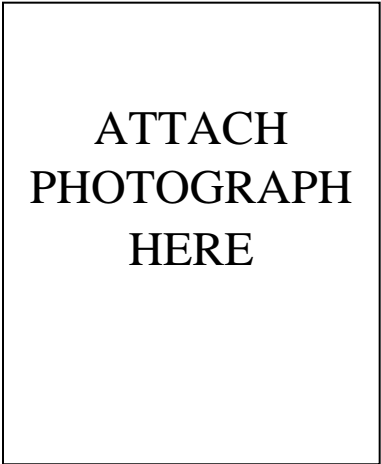
Why did you choose to apply for this scholarship?

**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 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**
- Recommendation Form from Counselor
- Recommendation Form from non-family members
- Official Transcript (**sealed**)
- College acceptance letter or enrollment in Move on When Ready program
- Copy of first page of Parents' IRS 1040 Form, if applicable

*****Packets **must be postmarked by April 7, 2017** to be considered. *****

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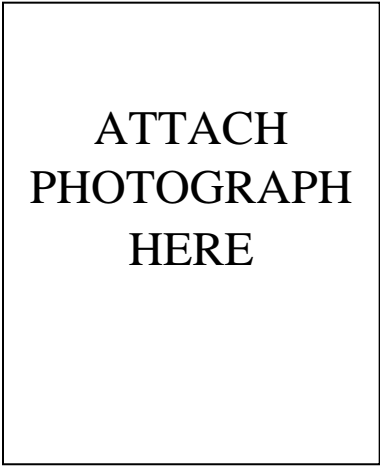
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SISTERS, Inc.
Gamma Tau Omega Chapter of Alpha Kappa Alpha Sorority, Inc.
SCHOLARSHIP RECOMMENDATION

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.
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