

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

March 1, 2021

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' 2019 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.).

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. Finally, complete a short video that is less than 2 minutes describing your personal and career goals including how this scholarship will enhance your ability to achieve these goals.

Only completed scholarship application packets will be considered. **Your packet must be time stamped before 12:00 am on April 2nd. Packets received on April 3<sup>rd</sup> will not be considered. Due to COVID-19, we are only accepting emailed applications. Please e-mail all required items to: [gtscholarship@gmail.com](mailto:gtscholarship@gmail.com)**

Scholarships will be awarded on the basis of academic achievement, character, citizenship, school activities, community service, a Zoom interview, and financial need if applicable. Scholarship awards will be announced via email.

Thank you in advance for your interest and cooperation. You may contact us at [gtscholarship@gmail.com](mailto:gtscholarship@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 **2019 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.**

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**Which college/university do you plan to attend?** \_\_\_\_\_

**What is your intended major?** \_\_\_\_\_

**Why did you choose to apply for this scholarship?**

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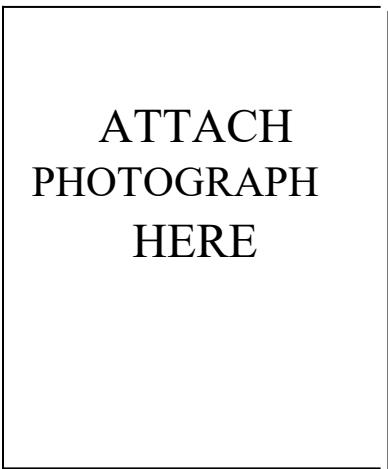
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*\*Attach additional sheet(s) if you need more space*

\_\_\_\_\_  
*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**
- Letter of Recommendation from Counselor
- Two** letters of recommendation from non-family members
- Official Transcript
- Copy of college/university acceptance letter
- Copy of first page of Parents' IRS 1040 Form, if applicable
- Short video

\*\*\*\*Packets **must be time stamped before 12:00 am on April 2<sup>nd</sup>** to be considered.\*\*\*\*

**ALPHA KAPPA ALPHA SORORITY, INC.**

Media Release

I hereby grant permission of Alpha Kappa Alpha Sorority, Inc. to use my biography, photograph and likeness in any and all Senior Soiree printed materials, video presentations, website and/or media releases without further notification or consideration. I acknowledge Alpha Kappa Alpha Sorority, Inc.'s right to crop or edit such materials at its discretion. I also acknowledge that Alpha Kappa Alpha Sorority, Inc. may choose not to use my biography, photograph, likeness at this time.

Please print the following information:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/ Guardian if under 18 years old)