



SISTERS, INC.
In Collaboration With **GAMMA TAU OMEGA CHAPTER**
ALPHA KAPPA ALPHA SORORITY, INCORPORATED®
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 **2021 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** _____



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?

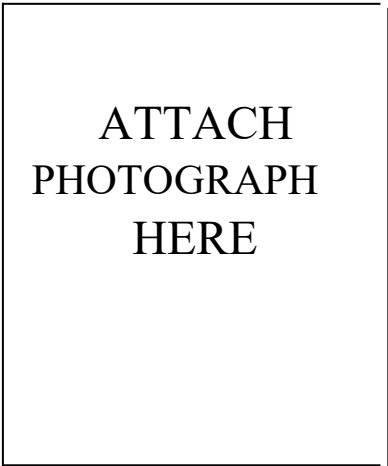
Why did you choose to apply for this scholarship?

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

Applicants Signature

Applicant Phone #
(Cell) _____

Parent/Guardian Phone #
(Cell) _____





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

****Packets **MUST** time stamped before **11:59 pm on March 24st** to be considered.****

ALPHA KAPPA ALPHA SORORITY, INCORPORATED

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 has the 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, or 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)