

SCHOLARSHIP APPLICATION

Please complete and return to the Scholarship Committee.

Last 4 Digits SSN

Date

Name:

Last First Middle

TelePhone#:

(Home) Include Area Code

Date of Birth:

Month Day Year

Age:

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 **2023 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.

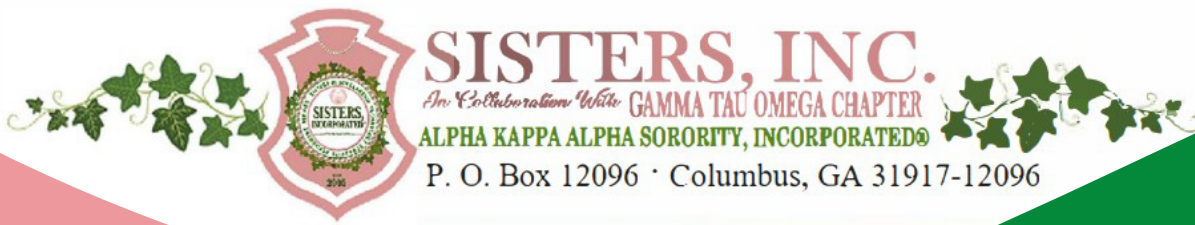
Total number of exemptions

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?

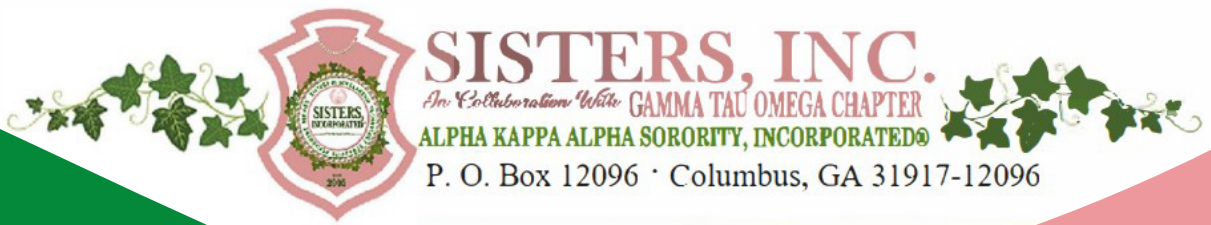
Why did you choose to apply for this scholarship?

*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

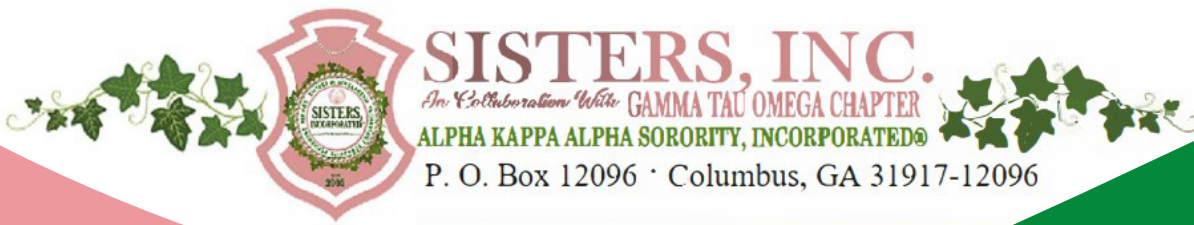
Two letters of recommendation from non-family members

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 February 7, 2025 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)