



Alpha Kappa Alpha Sorority, Incorporated

SIGMA OMEGA CHAPTER

January 20, 2020

Dear Applicant:

Alpha Kappa Alpha Sorority, Incorporated Sigma Omega Chapter extends to you the opportunity to apply for our 2020 academic scholarship. We will award scholarships to outstanding high school students of color that reside in Greater Cincinnati.

Alpha Kappa Alpha Sorority, Inc., is the first collegiate Greek letter organization for African American women in America, was founded in 1908 at Howard University in Washington, D.C. The sorority's membership includes women from all parts of the globe. The Sigma Omega Chapter is located in Cincinnati and has been offering scholarships since its inception in 1924. We have proudly awarded over \$350,000.00 in scholarships to deserving young women and men in the Greater Cincinnati area.

Applicants will have to provide the following information to be considered for a scholarship: academic excellence, community and volunteer service, extra-curricular activities and exceptional leadership potential.

For consideration, the following items must be postmarked by Friday, March 6, 2020:

- **Counselor's Supplement (official transcript, stamped and sealed)**
- **Student Application (include a copy of SAT/ACT scores)**
- **Parent Application**
- **College Application Status**

Any incomplete application will not be considered for a scholarship. Applicants who are chosen for an interview will be contacted by the Scholarship Chairman. Please note that all information will be kept confidential.

If you have any questions, please contact: Sandra Parks, Scholarship Chairman 513-378-9198.

Sincerely,

Sandra Parks

Sandra Parks
Scholarship Chairman

Shelly Sherman Greene

Shelly Sherman Greene
President Sigma Omega Chapter

SCHOLARSHIP PACKET
COVER SHEET

Counselor: Please initial to verify that all parts of the scholarship packet, as listed below, are included. **Submission must be postmarked no later than March 6, 2020**

- _____ I. **Counselor's Supplement** with official transcript, reference letter, and signature attached. Please reference any awards and or honors the student has received.
- _____ II. **STUDENT APPLICATION** (include copy of SAT/ACT scores)
- _____ III. Completed **PARENT APPLICATION** with signature and date
- _____ IV. **COLLEGE APPLICATION STATUS**
- _____ V. **INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED**

SEND APPLICATION PACKETS TO:

Scholarship Committee Chairman
c/o Sigma Omega Chapter
PO Box 17194
Cincinnati, OH 45217-0194

I. COUNSELOR'S SUPPLEMENT

COUNSELOR: Please complete this form, attach an official transcript, and include a copy of student's SAT/ACT scores.

(Please type or print legibly.)

Name of Student _____
Last First Middle

School _____

Cumulative GPA _____ (unweighted)
(i.e.-3.7/4.0)

Please attach a letter of recommendation with your assessment of the student. Feel free to include any pertinent information you deem necessary (i.e. financial need).

Counselor's Signature

Date

(Please include this form when submitting the application materials.)

II. STUDENT APPLICATION

Please provide the following information:

Name _____

Home Phone _____

Cell Phone _____

Email _____

- Have you applied for other scholarships and/or grants?

- In a ONE-PAGE essay, please tell the Alpha Kappa Alpha Sorority Incorporated Sigma Omega Chapter Scholarship Committee how you will be able to ‘make a difference’ in yourself and in your community using your college experience. Please include the following:
 - your short and long term educational goals
 - your professional aspirations
 - do not list any community and or church activities

Handwritten essays will not be accepted.

- **Please submit a recent photo (head and shoulders only).**

- **Include two letters of recommendation** from a non-relative (i.e.-teacher, pastor, coach, employer, or a mentor).

Note:

If student is chosen for interview, business attire is required.

STUDENT APPLICATION (cont'd)

E. Briefly list your participation in no more than four (4) organizations or extra-curricular activities (**must include at least one community service activity during senior year**). Please include offices held.

JUNIOR/SENIOR YEAR Activities	Office Held

COMMUNITY (incl. church and/or volunteer)	Office Held

I hereby certify that all of the above information is true.

Applicant Signature

Date

III. PARENT APPLICATION (MUST BE COMPLETED BY PARENT)

****All information will be kept confidential****

Student's Name _____

Parent(s)/Guardian(s) Name _____

Address _____ Zip Code _____

Cell # _____ email address: _____

Telephone # _____

Number of Dependent Children _____

Number of Dependent Children Currently Attending College _____

Is the applicant the first person in your family to attend college? _____ Yes _____ No

Comments:

I hereby certify that all of the above information is correct.

Parent(s)/Guardian(s) Signature

Date

IV. College Application Status

Complete the following table indicating college application status.

	School #1	School #2	School #3
Name			
City, State			
Status of Application P=pending; A=accepted NR =not received			
Annual Cost (tuition)			

Applicants who are chosen for an interview will be contacted by the Scholarship Chairman.

Alpha Kappa Alpha Sorority, Incorporated, Sigma Omega Chapter reserves the right to use recipients' name, photo and information for publicity and advertising purposes. All submitted material becomes the property of Alpha Kappa Alpha Sorority, Incorporated, and Sigma Omega Chapter and will not be returned.