



ALPHA KAPPA ALPHA SORORITY, INC.
OMEGA OMEGA CHAPTER

SCHOLARSHIP APPLICATION

DIRECTIONS: (Carefully type your responses.)

PERSONAL INFORMATION

NAME _____

First

Middle

Last

Address _____ Home Phone _____

_____ Cell Phone _____

City

Zip Code

Birthday _____ Email _____

Church Affiliation

High School _____ Graduation Date _____

Address _____ Zip Code _____ Phone _____

School Organizations (List memberships and/ or offices held while in high school.)

Organization	Office Held	Year (s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other high school extracurricular activities

COMMUNITY ORGANIZATION (List memberships and/or offices held.)

Organizations	Office	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Community Activities: _____

HONORS

High School	Community
_____	_____
_____	_____
_____	_____
_____	_____

CERTIFICATES

EMPLOYMENT (Previous and current work experience)

Type of Work	Employer	Date Employed	Approximate Earnings
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATIONAL PLANS

Vocational Objective (Check field of Interest and explain specific job preparation desired.)

Business _____	Dental _____
Health Related _____	Law or legal _____
Medicine _____	Nursing _____
Social Work _____	Teaching _____
Other _____	

SCHOOL APPLICATIONS

List schools to which you have applied for admission, for example business, trade, technical, nursing schools, colleges, or universities. Circle those to which you have been accepted.

College Expected to Attend _____

Type of Student (Check) ___ Commuting ___ Residential (On campus)

Major Course of Study _____

Length of Study (years, months) _____

ESTIMATE EXPENSES PER SEMESTER (tuition, fees, etc.) \$ _____

FAMILY and FINANCIAL INFORMATION

Mother's Name _____ Father's Name _____

Address _____

Address _____

Occupation _____ Occupation _____

Where employed: Mother _____

Father _____

Guardian _____

Income **Mother** **Father** **Guardian**

Yearly _____

Monthly _____

Weekly _____

Home ___ Own ___ Rent

Person responsible for financing your education _____

Children in family

	Name	Age	School/Employment
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Total number of persons living at home _____

Check resources of financial aid applied for and write date of application. DATE

Pennsylvania Higher Education Agency (PHEAA)	_____
Senatorial Scholarship	_____
City Scholarship	_____
Other Scholarship Agencies	_____
_____	_____
_____	_____

Check the sources of funds for payment of your educational expenses and write the amount you expect to receive.

<input type="radio"/> Mother _____	
<input type="radio"/> Father _____	
<input type="radio"/> Mother & Father _____	
<input type="radio"/> Guardian _____	DATE
<input type="radio"/> Loan _____	
<input type="radio"/> Scholarship (Name) _____	_____
<input type="radio"/> Grant (Name) _____	_____
<input type="radio"/> Other (Explain) _____	_____

CHARACTER REFERENCES (Local people other than relatives who know you well)

	Name	Address & Zip Code	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

By APRIL 1, you must submit the following materials to the chair of the Mildred B. Dudley Scholarship Fund:

1. An official transcript of your high school grades including Class Rank
2. Three letters of recommendation (one of which must be from a *counselor* or the *principal* of your school)
3. An essay explaining why you have chosen your desired vocation - The essay in not to exceed two double-spaced typed pages. Place your name on each page.
4. Participate in a mandatory interview, if you are a semi-finalist.

If you have any questions, please feel free to contact:

Gwynne S. Hoye 1235 East Durham Street Philadelphia, PA 19150 215-248-4076

Please note: All scholarship applications must be completed and returned to the chair of the scholarship committee by **April 1**.

Date Received _____