

# Ivy Dream Foundation

The charitable arm of  
Alpha Kappa Alpha Sorority, Incorporated®  
Phi Eta Omega Chapter  
PO Box 463  
Scotch Plains, NJ 07076



## Ivy Dream Foundation 2024 Scholarship Application Guidelines

### ALL applicants must:

- Be graduating in June 2024 from a high-school in Union County, New Jersey
- Be an African-American Female Student
- Be a resident of Union County, New Jersey
- Submit an official copy of your high school transcript
- Submit a letter of recommendation from a teacher or high school counselor
- Meet the additional requirements outlined in the table below for the specific award you are applying for
- Demonstrate evidence of leadership in school and/or the community
- Submit a double-spaced, typewritten essay that addresses the following:

*Tell us about yourself, and why you have decided to pursue a college education. What were some of the hardest educational issues you experienced so far, and how did you overcome them? What motivates you to succeed during your college journey? Be sure to share as much detail with us as possible to assist us in making a well-informed decision on your application candidacy.*

- \*Submit a 2-minute video introducing yourself and sharing your educational aspirations

Award Program	Additional Application Requirements
General Scholarship Award	Applicants for this award must: <ul style="list-style-type: none"><li>• Have a minimum 3.0 GPA</li><li>• Have been accepted and enroll as a full-time student into a four-year accredited college or university for the Fall 2024 semester</li></ul>
Ogretta Whipper-Hawkins Scholarship Award	Applicants for this award must: <ul style="list-style-type: none"><li>• Have a minimum 2.5 GPA</li><li>• Have been accepted and enroll as a full-time student into a two-year accredited college or technical / trade school for the Fall 2024 semester</li></ul>
Jacqueline Arrington Scholarship Award	Applicants for this award must: <ul style="list-style-type: none"><li>• Have a minimum 3.0 GPA</li><li>• Have been accepted and enroll as a full-time student into an accredited two- or four-year accredited college or university for the Fall 2024 semester</li><li>• Submit a letter from his/her Guidance Counselor verifying the student has a documented learning disability</li></ul>
HBCU Award	Applicants for this award must: <ul style="list-style-type: none"><li>• Have a minimum 3.0 GPA</li><li>• Have been accepted and enroll as a full-time student into an accredited two- or four-year accredited Historically Black college or university for the Fall 2024 semester</li></ul>
Rosetta N. Lattimore Award	Applicants for this award must: <ul style="list-style-type: none"><li>• Have a minimum 3.0 GPA</li><li>• Have been accepted and enroll as a full-time student into an accredited four-year</li></ul>

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	<p>accredited college or university for the Fall 2024 semester</p> <ul style="list-style-type: none"><li>• Have a minimum 2 years of documented community involvement, not necessarily school-sponsored activities</li></ul>
Scotch Plains Chapter Charter Members' Vision Award	<p>Applicants for this award must:</p> <ul style="list-style-type: none"><li>• Have a minimum 3.0 GPA</li><li>• Be a June 2024 Graduate of Scotch Plains Fanwood High School and/or reside in Scotch Plains, New Jersey</li><li>• Have been accepted and enroll as a full-time student into a four-year accredited college or university for the Fall 2024 semester</li><li>• Maintain a 3.0 cumulative GPA after each academic year in order to be eligible for recurring 4-year scholarship (Academic Years: Fall 2024-Spring 2025 for scholarship awarded for college sophomore year, Fall 2025-Spring 2026 for scholarship awarded for college junior year, and Fall 2026-Spring 2027 for scholarship awarded for college senior year)</li></ul>

## **Deadline:**

The application deadline is **Saturday, March 23, 2024**. The completed application and all items must be scanned and emailed to [IvyDreamFoundationScholarship@gmail.com](mailto:IvyDreamFoundationScholarship@gmail.com). You may address your application to Ms. Melinda Lawson, Scholarship Chairman.

\*Video submissions must be submitted electronically with your completed application.

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## Ivy Dream Foundation 2024 Scholarship Application

Please check the box next to the award program you are applying for; only select **one**:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> General Scholarship Award | <input type="checkbox"/> Ogretta Whipper Hawkins Scholarship Award | <input type="checkbox"/> Jacqueline Arrington Scholarship Award |
|  | <input type="checkbox"/> Charter Members' Vision Scholarship Award | <input type="checkbox"/> HBCU Scholarship Award                 |

**Please fill out this form completely (Type or Print Neatly)**

### **Personal Data:**

<b>Name</b>	
<b>Address</b> ( <i>Street Address, City, State, Zip Code</i> )	
<b>Telephone Number</b>	
<b>Date of Birth</b>	
<b>Email address</b>	

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### **Family Data:**

**Mother/Guardian:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Number of children in household and their ages:** \_\_\_\_\_

**# of Financial Dependents (including yourself):** \_\_\_\_\_

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**Extracurricular Activities** (*indicate if for school and/or community; position held; hobbies, etc.*): \_\_\_\_\_

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**Employment Experience, if applicable** (*indicate name of employer, position(s) held; and key responsibilities:* \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Intended Major or Course of Study:** \_\_\_\_\_

**Intended Career Goal:** \_\_\_\_\_

**Please provide information about the schools to which you have applied:**

Name of school	Location (city and state)	Have you been accepted?

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**Essay:**

Submit a double-spaced, typewritten essay that addresses the following:

Tell us about yourself, and why you have decided to pursue a college education. What were some of the hardest educational issues you experienced so far, and how did you overcome them? What motivates you to succeed during your college journey? Be sure to share as much detail with us as possible to assist us in making a well-informed decision on your application candidacy.

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I certify that all information on this application is true to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_