**Psi Pi Omega Chapter**

**2018-2019 Scholarship Application**

**Personal Information**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| City ST Zip Code |  |
| Name of Parent(s) |  |
| Home Phone |  |
| Cell Phone |  |
| E-mail Address |  |

**Academic Information**

|  |  |
| --- | --- |
| Name of High School |  |
| Name of your Advisor |  |
| Current GPAC |  |

**Leadership and Interests**

|  |  |
| --- | --- |
| Activities and Organizations |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Community Service vice |  |
|  |  |
|  |  |
| Hobbies and Special Interests |  |
|  |  |
| Awards and Recognitions |  |
|  |  |
|  |  |
|  |  |
|  |  |

**College Information**

**Names of colleges/universities to which you have applied**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | |  | |
| vice | | |  | |
|  | | |  | |
|  | | |  | |
| Financial Resources | | |  | |
| Scholarships you have applied for : | |  | |  |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |

**Additional Requirements**

Please attach an official current high school transcript.

Please provide two letters of recommendation submitted by persons other than relatives. These letters may be from church affiliates, teachers, school administrators, counselors, or community members. One letter must be from a teacher or counselor.

**I have read the information provided on this application and verify that it is true, accurate and complete.**

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**APPLICANT’S SIGNATURE DATE**

**Essay Question**

Please respond to the following essay question: What are your educational/academic goals? What are your future career plans? How will this scholarship assist you in achieving your goals?

Your essay should be typed on a separate sheet of paper and be included along with your application. Your essay should be a minimum of 500 words.

**Application Check List**

* A completed signed and dated application.
* An official high school transcript.
* Two letters of recommendation
* Essay-minimum of 500 words, typed, grammatically correct, neat and clear in its expressions of ideas.
* Attach a recent photo of yourself, full face (2 inch by 2 inch in size)

**Incomplete applications will not be considered. The application with additional documents listed must be placed in one envelope and post-marked by January 31, 2019 to:**

**Mrs. Latricia Stubbs, Scholarship Committee Chairman**

**Alpha Kappa Alpha Sorority Incorporated**

**Psi Pi Omega Chapter**

**P. O. Box 802**

**Stuart, FL 34995**

**All scholarships are for one year and non-renewable. Scholarships will be awarded to the recipient’s choice of higher institution of learning upon proof of enrollment.**

**RECOMMENDATION FORM**