



Alpha Kappa Alpha Sorority, Incorporated®
THETA RHO OMEGA CHAPTER

DATE

NAME
ADDRESS
CITY, STATE ZIP

Dear **{NAME}**,
Congratulations on your academic achievements! Theta Rho Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated® acknowledges you as a **{YEAR}** scholarship recipient. The amount of your scholarship is **{AMOUNT}**.

We wish you continued success as you embark upon your college experiences. We know that you will continue to enjoy success and achieve academic excellence. In order to receive your monetary award, please send the following Enrollment Document Packet to the Scholarship Chairman upon attending your college or university.

Enrollment Document Packet:

- A photocopy of college registration
- Student class schedule
- Photocopy of your college photo ID card with your ID number
- College or university name and address to mail your check to

As soon as the above documents are received, your check will be mailed directly to your college or university financial office. Please mail your Enrollment Document Packet to:

Alpha Kappa Alpha Sorority, Incorporated®
Theta Rho Omega Chapter
P. O. Box 95, Matteson, IL 60443
Attention: Scholarship Committee Chairman

Should you have any questions or concerns, please contact **{SCHOLARSHIP COMMITTEE CHAIRMAN}** at **{EMAIL ADDRESS}**.

Sincerely,

Scholarship Committee Chairman
Theta Rho Omega Chapter
Alpha Kappa Alpha Sorority, Incorporated®

President,
Theta Rho Omega Chapter
Alpha Kappa Alpha Sorority, Incorporated®

P.O. Box 95
Matteson, IL 60443