



The Polished Pearls Foundation, Incorporated
&
Alpha Kappa Alpha Sorority, Incorporated-Theta Tau Omega Chapter

Scholarship Application 2019

Alpha Kappa Alpha Sorority, Inc., the first African-American Greek-letter sorority, was founded on a mission comprised of five basic tenets which has remained unchanged since our inception in 1908. The international sorority has grown to over 1,024 undergraduate and alumnae chapters focusing on academic excellence and community service. Locally, Theta Tau Omega Chapter serves the Fairfield County Community with an emphasis on the Greater Bridgeport Area.

In keeping with one of our basic tenets which is to cultivate and encourage high scholastic and ethical standards, Theta Tau Omega Chapter along with its philanthropic arm, The Polished Pearls Foundation, Inc., will offer scholarships to advance the education of high school students for the upcoming academic year.

Graduating seniors from an accredited High School with a 2.5 GPA or greater average. Applicant must reside in the Greater Bridgeport area (Bridgeport, Stratford, Huntington, Shelton, Trumbull and Fairfield).

For additional information contact the scholarship committee at
PolishedPearls_Scholarships@yahoo.com

Mailing Address:
Polished Pearls Foundation, Incorporated
c/o Scholarship Committee
PO Box 2362
Milford, CT 06460

APPLICATION GUIDELINES

1. Complete the Polished Pearls Foundation, Incorporated\Alpha Kappa Alpha Sorority, Incorporated- Theta Tau Omega Chapter scholarship application information and return by stated DEADLINE of May 10, 2019. Submissions must be mailed **Attention:** Polished Pearls Foundation, Incorporated c/o Scholarship Committee PO Box 2362 Milford, CT 06460. Postmark required by May 8, 2019.
2. Planning to pursue higher education in a planned four year program in an accredited institution.
3. Active in community and extra curriculum school activities.
4. Submit SAT and / or ACT scores and other pertinent school records.
5. Submit a typewritten one page 500 word minimum essay stating your future aspirations and why you would like to receive scholarship aid.
6. Be available for interview if requested.
7. Two letters or forms of recommendation
8. Incomplete applications will not be reviewed.
9. If Scholarship fund/Book Award is misplaced or lost, \$50 will be required to replace funds [this will be taken from your original funds].
10. A photograph must be attached to your application.

Applications may also be downloaded via www.akabridgeport.org

PERSONAL INFORMATION:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Alternate Number: _____
E-mail: _____
Parent/Guardian: _____
Address: _____
City: _____ State: _____ Zip: _____
Cell Phone Number: _____ Home Phone Number: _____

COLLEGIATE GOALS: List up to four colleges/universities to which you will apply in order of preference.

	Accepted?
Name: _____ City/State: _____	Y / N _____
Name: _____ City/State: _____	Y / N _____
Name: _____ City/State: _____	Y / N _____
Name: _____ City/State: _____	Y / N _____

Selected Institution _____

What will be your major area of study? _____

EMPLOYMENT HISTORY (IF APPLICABLE):

From/To Dates	Company Name	Supervisor	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACADEMIC HISTORY:

High School: _____ Graduation Date _____
Cumulative Grade Point Average on a 4.0 scale: _____
ACT Composite Score: _____ SAT (Critical Reading & Math) _____
Total Score: _____

LEADERSHIP (SCHOOL, CHURCH, COMMUNITY, OTHER):

If additional space is needed, include on resume.

Organization/Activity	Leadership Role/Office	Timeframe Involved
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMMUNITY SERVICE ACTIVITIES: If additional space is needed, include on resume.

AWARDS, HONORS, RECOGNITION: Academic, Church, Community, Sports, etc.
If additional space is needed, include on resume.

REFERENCES: List two references below. References must be a school official or church/community leader.

Name	Position	Phone
_____	_____	_____
_____	_____	_____

What is the date of your high school Awards ceremony?

CERTIFICATIONS

Applicant and parent/guardian: Please indicate that you have read and understand and that the following statements are correct, by initialing each statement below and including your original signatures in the spaces allotted.

_____/_____ I certify that all information provided is correct and complete to the best of my knowledge. I give the Theta Tau Omega Chapter of Alpha Kappa Alpha Sorority, Inc. permission to verify any information contained in my information package, as necessary. I understand that misrepresentation of any information or the submission of inaccurate or incomplete information will result in disqualification from consideration for a scholarship or forfeiture of any award that I may receive and there is no appeal process.

_____/_____ The Polished Pearls Foundation Inc. scholarship may result in the use of your name, image, and/or likeness in printed and electronic material, including but not limited to publication on the World Wide Web, social network sites, in press materials, and in advertising and marketing materials. You hereby specifically release Theta Tau Omega Chapter of Alpha Kappa Alpha Sorority, Inc. and The Polished Pearls Foundation Inc. and its agents from any and all claims arising from the use of your name, image, and/or likeness based on any of the uses stated above.

Parent/Guardian’s Signature _____

Date _____

Applicant’s Signature _____

Date _____




INSTRUCTIONS FOR REFERENCES

Recommenders can use the attached form or write a letter. Any letters written should be on official letterhead and include the information listed below. If the reference does not have letterhead, please include a mailing and email addresses along with a contact phone number. Failure to supply all information listed will result in applicant receiving a lower score.

- Name and contact information of reference
- Relationship to applicant
- How long reference has known applicant
- Information regarding why applicant should receive the scholarship award

The form or recommendation letter must be submitted by the applicant with the application.

(see next page)



RECOMMENDATION FORM

Section I – To be completed by Applicant

Name of Applicant _____

Section II – To be completed by a high school, college, church, or community leader who knows the applicant well enough to answer questions about her leadership skills. The person completing this section must not be related to the applicant.

1. How long have you known the applicant? _____
2. In what capacity have you known the applicant? _____
3. Please give your personal appraisal of the applicant by checking ✓:

Category	Excellent	Good	Fair	Poor	Do Not Know
Scholastic achievement					
Community service					
Leadership skills					
Commitment to obtaining a college degree					
Goal setting					
Character and personality					
Initiative and drive					

4. What are the characteristics that make you believe this applicant will be a successful college student?

5. Comment on the applicant's judgment, maturity, morals and values.

Signature _____ Date _____

Print Name _____

Title _____ School/Organization _____

City _____ State _____ Zip _____

PLEASE RETURN COMPLETED RECOMMENDATION FORM TO STUDENT FOR SUBMISSION