



**TO:** High School Seniors

**FROM:** Petals of Hope Foundation, Incorporated

Petals of Hope Foundation, Inc. with Alpha Kappa Alpha Sorority, Inc. (Orlando Chapter) will award seven \$1,000.00 scholarships, at least three scholarship will be awarded to applicants enrolled at an Historically Black College or University (HBCU). These scholarships will be given to deserving young women who will graduate from an Orange County Florida or Osceola County Florida high school this year and will attend an accredited college or university in the Fall. We base the selection of recipients on the following criteria:

#### **Scholarship Requirements:**

- 1. A required cumulative grade point average of at least 3.0 **unweighted** and a combined **SAT** score of **1100** or above or an **ACT** composite of **22** or above
- 2. Two references: One (1) High School Teacher or College Professor and One (1) Community Member (church member, employer, volunteer supervisor, or youth civic leader). Recommenders are required to use the recommendation form.
- 3. A well-written formal essay, from the applicant, of 300 words or less, which clearly and completely details educational goals.
- 4. An **official** transcript mailed to Alpha Kappa Sorority, Incorporated, Orlando Chapter, Attention: Dr. Veronica Yates-Riley, **P.O. Box 618208, Orlando, FL 32861-8208**

The deadline for submitting all information is **Friday**, **March 3**, **2023**. The scholarship application and <u>all</u> required information must received by Friday, March 3, 2023. **Information received after March 3**, **2023 will disqualify the applicant.** 

If you have any additional questions, please feel free to contact Dr. Veronica Yates-Riley at <a href="mailto:vyatesriley@gmail.com">vyatesriley@gmail.com</a>.

Application and the letter to the seniors are located on our website: <a href="www.akadeltaomicronomega.org">www.akadeltaomicronomega.org</a>, under "Scholarship."





### **SCHOLARSHIP APPLICATION**

Petals of Hope Foundation, Inc. is comprised of the members of the Orlando Chapter of Alpha Kappa Alpha Sorority, Inc. Alpha Kappa Alpha Sorority, Inc. founded in 1908, is the oldest African American sorority in the U.S.A.

Please check one: I am attending aHistorical	ly Black College or University (H	BCU)Other (	College/University
Personal Data			
Name	Email Address		
Date of Birth	Cell Phone Number (	)	
Current Residence			
Street	City	Zip	
Name(s) of Parent(s) or Guardian			<u></u>
Parent/ Guardian Contact Number_()	Parent/Guardian I	Email Address	
Educational Data			
School Presently Attending			
School Address			
Street	City	Zip	
Grade Point Average (Grade 9 through First Seme	ster of the Senior Year)		
	Ur	n-Weighted	
College or University Which You Plan to Attend			
Address			
Street	City/State		Zip

Student Activity Ii	nformation
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Directions: Please complete each section. **DO NOT BE MODEST.** *All* information can be used by the Scholarship Committee during the selection process.

Extra-Curricular Activity	Description	Leadership Position Held	Length of Service

## Community Activities

Directions: List community activities in which you have participated (Church groups, volunteer organizations, clubs, community art endeavors, etc.). The activities in which you engage must be completed outside of school.

Community Service Activity	Description	Length of Service

# Work Experience

Place of Employment	Description of Responsibilities	Dates

Award/Recognition  Award/Recognition	ou have received  Grade(s)	(Grades 9 - 12).
Award/Recognition	Grade(s)	
References		
Application and requested documents must be received by Friapplication, official transcript, and the two (2) completed recoand mailed, first class U.S. mail (please no certified mail return March 3, 2023 will disqualify the applicant.	ommendation for	ms must be submitted in one
Application Checklist: official transcript (hard copy)selected application type: HBCU or other collewrote 300-word formal essayincluded scholarship application	ge/university orms	





## **RECOMMENDATION FORM**

PLICANT NAME:
commender: Your insight about the applicant named above will be reviewed by our holarship Committee. Therefore, we ask for open and honest feedback about this ndidate. Please attach a separate page if additional space is needed. Once complete, ease return the form to the applicant in a sealed envelope with your name written gned) across the sealed portion of the envelope.
commender Information:
ME:
LE:
ONE NUMBER: EMAIL ADDRESS:
NATURE: DATE:
How long have you known this student and in what content?
What are the first words that come to mind to describe this student?
Provide comments on the following measures that will help the Scholarship Committee evaluate the applicant's packet:
Attitude/Cooperation (Relationship with others)
Leadership (Judgment and ability to lead/influence)

Motivation (Ability to set/achieve goals, self-starter, initiative)





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