***Text

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Alpha Kappa Alpha Sorority, Inc.

Nu Iota Omega Chapter

Dear Applicant,

Thank you for your interest in the academic scholarship awarded by Ivy Tea Rose, Inc. in partnership with Alpha Kappa Alpha Sorority, Incorporated® - Nu Iota Omega Chapter. Attached, please find a scholarship application that should be completed and postmarked by **March 24, 2023.**

Ivy Tea Rose, Inc is focused on the academic achievements and community service acts of young people. As such, we are pleased to invite male or female African American high school seniors, who are in good academic and social standing within Orange and Seminole Counties, to apply for this scholarship. The scholarship will be disbursed during the 2022-2023 academic year. All applicants will be notified via email regarding the status of your application.

In order to be eligible for this award, please note the following requirements. All documents must be submitted to be considered for this scholarship. *(Please do not staple the documents)*

* Acceptance letter from a Historically Black College or University
* Completion of the attached application
* Completion of a 250-word essay answering the following: “**Why are you attending an HBCU and what will you gain from an HBCU college experience?”** *(include header with identifying information)*
* Submission of **two letters** of recommendation:
  1. One from a staff member at your high school *(i.e., principal, teacher, or counselor)*
  2. One from a community figure *(i.e., your spiritual leader/minister or community service coordinator)*
* **Submission of an official transcript** *(sealed and stamped by school guidance counselor)*
* Submission of standardized test scores SAT or ACT *(provide hard copy if not listed on official transcript)*
* District GPA of 3.0 or higher
* Please attach list of extracurricular activities *that demonstrate leadership positions and/or community service involvement.* ***\*include header with identifying information***

The completed application packet should be mailed to: Ivy Tea Rose, Inc., **Nu Iota Omega Chapter, P.O. Box 940808, Maitland, Florida 32794**. Following submission of these documents, the application process will continue with a formal review of the completed application package. If you have any questions please contact Scholarship Committee Chair, Kimberly Johnson, by email Scholarships@akanuiotaomega.org.

Thank you for your interest!

Sincerely,

Scholarship Committee, Chairperson

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**DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PERSONAL INFORMATION** |

**FULL NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB:** \_\_\_\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address Apt/Suite

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

**E-MAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **FAMILY INFORMATION** |

**FATHER’S NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

**E-MAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MOTHER’S NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

**E-MAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **FINANCIAL ASSISTANCE** |

**(PLEASE LIST LOANS, SCHOLARSHIPS, GRANTS, ETC)**

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| **FINANCIAL ASSISTANCE** | **AMOUNT** |
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| **EDUCATION** |

**HIGH SCHOOL NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GRADE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **REFERENCES**  (PLEASE LIST PERSONS WRITING LETTERS OF RECOMMENDATION) |

**FACULTY MEMBER NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First and Last Name

**TITLE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-MAIL**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PHONE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMMUNITY MEMBER NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First and Last Name

**TITLE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-MAIL**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PHONE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_