

**Theta Xi Omega Chapter
Alpha Kappa Alpha Sorority, Incorporated**

SCHOLARSHIP APPLICATION

Personal Data

Last Name First Middle Phone Number

Home Address City State Zip Code

Email address _____

Academic Data

Please attach two letters of recommendation from a counselor or teacher and an official copy of your academic transcript to date.

List high school or schools attended:

Name of School City, State Attendance Dates Graduation Date

1. _____
2. _____
3. _____
4. _____

Please list below any church, school, and community activities in which you have been involved.

Church _____

School _____

Community _____

What is your Grade Point Average? _____ Verified by _____

Did you hold a leadership position in any of the listed activities? If so, please describe.

What leadership qualities do you possess?

List the college(s)/universities to which you have applied?

College	City	State	Accepted (Yes or No)
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Which college do you plan to attend? Why?

What is your career goal? How do you plan to achieve your goal?

Financial Data

What plans have you made to finance your college education? (i.e. scholarships, loans, grants, etc.)

Would you be able to attend college without financial assistance?

Have you ever participated in an Alpha Kappa Alpha Sorority sponsored activity? If yes, explain.

Signature of Applicant

Date

Signature of Counselor Date