



# Alpha Kappa Alpha Sorority, Incorporated®

GAMMA UPSILON OMEGA

December 1, 2016

To Prospective Continuing Education Scholarship Applicants:

Alpha Kappa Alpha Sorority, Incorporated, the first African American sorority, was founded on the campus of Howard University in 1908. Our organization has an established tradition of rewarding students who have achieved academic excellence and desire to pursue a higher education. In keeping with this tradition, the Gamma Upsilon Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated and The Ivy Foundation of Hampton, Incorporated, supports the academic efforts of students by awarding a **one thousand dollar (\$1,000.00) scholarship to eligible undergraduate students.**

Our scholarships target students who have demonstrated exceptional commitment to service throughout their school, the community and various aspects of academic achievement. The selection process is also sensitive to students with financial needs.

We look forward to your participation in this process and we hope to hear from you by the February 10, 2017 deadline. Please be advised that a separate application packet for each scholarship (Academic and/or Book) is required for consideration. Remember that in order for your application to be considered, you must complete and submit a separate application packet as outlined on the **Margaret LaFairet Brown Smith, Mae Barbee Pleasant and Doris Curry Parks Continuing Education Scholarship Application Eligibility Criteria Letter** and it must be postmarked by the February 10, 2017 deadline date.

Sincerely,

Dr. Leona M. Johnson, President  
Gamma Upsilon Omega Chapter  
Alpha Kappa Alpha Sorority, Inc.

POST OFFICE BOX 7825 • HAMPTON, VA 23666

*Gamma Upsilon Omega Chapter of Alpha Kappa Alpha Sorority, Inc  
and  
Ivy Foundation of Hampton, Inc.  
Margaret LaFairet Brown Smith, Mae Barbee Pleasant and Doris Curry Parks  
Continuing Education Scholarship Application Guidelines*

**PURPOSE**

To award scholarships to undergraduate students who have completed at least one year in an accredited degree granting institution, graduated from a Hampton (VA) City Public School, are planning to continue their program of education and can demonstrate academic excellence, community service and financial need.

**ELIGIBILITY CRITERIA**

- *College student classified as a sophomore, junior, or senior.*
- *Enrolled full-time in a four, five or six year program at a four year college.*
- *Graduated from a Hampton (VA) City Public School (Bethel, Hampton, Kecoughtan, or Phoebus High School).*
- *Have a cumulative grade point average of 3.0 or higher.*

**SCHOLARSHIP APPLICATION PACKET REQUIREMENTS**

1. A signed scholarship application.
2. An **official** transcript.
3. **A formal “head shot” photograph that focuses upon your face.** Please note a photograph release form should be completed and formally signed by you.
4. **Proof** of attendance at a Hampton City High School.
5. A typed **one page** essay describing professional objectives, personal and academic goals and how your chosen major will help achieve your goals (Double-spaced, 12 inch font, Times New Roman.)
6. Three (3) **signed** letters of recommendation, two from your advisor and/or professor(s) and one personal reference.
7. **Documented** proof of participation in volunteer/community/church and school activities.

**AWARD AMOUNT**

A one thousand dollar (\$1,000.00) award will be sent directly to the institution where the student is enrolled.

**DEADLINE:**

**Completed applications and all supporting documents must be postmarked no later than Friday, February 10, 2017. Mail the completed application and documents to the address below:**

Gamma Upsilon Omega Chapter  
**Attn: Scholarship Committee**  
Alpha Kappa Alpha Sorority, Inc  
P.O. Box 7825  
Hampton, VA 23666

**Please Note: WE WILL NOT BE ABLE TO CONSIDER INCOMPLETE APPLICATIONS OR APPLICATIONS THAT ARE NOT POSTMARKED BY FRIDAY, FEBRUARY 10, 2017.**

*Gamma Upsilon Omega Chapter of Alpha Kappa Alpha Sorority, Inc  
and  
Ivy Foundation of Hampton, Inc.  
Margaret LaFairet Brown Smith, Mae Barbee Pleasant and Doris Curry Parks  
Continuing Education Scholarship Application Form*

**PLEASE PRINT**

**Name of Applicant:**

\_\_\_\_\_

Last

First

Middle

**Address** \_\_\_\_\_  
Include Zip Code

**Home Number** (     ) \_\_\_\_\_      **Mobile Number** (     ) \_\_\_\_\_

**Do you have text capability on your cellular phone?** \_\_\_ YES \_\_\_ NO

**Email** \_\_\_\_\_

**High School attended:** \_\_\_\_\_ **Graduation Year:** \_\_\_\_\_

**College/University Major:** \_\_\_\_\_ **Career Choice:** \_\_\_\_\_

**Grade Point Average (GPA):** \_\_\_\_\_

**School Activities (include any offices held):**

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

**Volunteer/Community/Church Activities (include any offices held):**

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

**Work Experience:**

**Dates of Employment:**

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**Family Information:**

**Parent/Guardian Name(s) and Relationship**

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**Occupation(s)**

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**Employer(s)**

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**Total Family Taxable Income (as indicated on Federal Income Tax forms):**

\_\_\_\_\_ \$0 – \$20,000    \_\_\_\_\_ \$21,000 – \$40,000    \_\_\_\_\_ \$41,000 – \$60,000    \_\_\_\_\_ above \$60,000

**List all children and/or dependents in the immediate household (excluding the applicant):**

Name

Age

School

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**Please indicate any unusual expenses or financial burdens presently faced by your family that you feel the committee needs to know (Please use an attachment if needed):**

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Have you received other scholarships? \_\_\_\_ YES \_\_\_\_ NO

If so, what is the approximate amount? \$ \_\_\_\_\_

Four-year college or university where scholarship monies will be sent:

Name of College/University : \_\_\_\_\_

Address of College/University: \_\_\_\_\_

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

**PHOTOGRAPH:** Include a formal “head shot” photograph that focuses upon your face. Please note the photograph release form is included within this application and should be completed and signed with your official signature.

I certify that all of the information and the photograph included in this packet is factual and true and that the essay submitted is the original work of this applicant. Any information that has been falsified or misrepresented may result in the withdrawal of this applicant from the selection process and forfeiture of any scholarship.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEADLINE:** Completed applications and all supporting documents and photograph must be postmarked no later than Friday, February 10, 2017. Mail the completed application packet to:

Gamma Upsilon Omega Chapter  
Attn: Scholarship Committee  
Alpha Kappa Alpha Sorority, Inc.  
P.O. Box 7825 Hampton, VA 23666

**ALPHA KAPPA ALPHA SORORITY, INCORPORATED  
GAMMA UPSILON CHAPTER &  
IVY FOUNDATION OF HAMPTON, Inc.**

**PUBLIC RELATIONS COMMITTEE  
PHOTOGRAPHIC CONSENT, PERMISSION, AND RELEASE FORM  
*(Please read carefully before signing)***

I hereby grant permission to the above named organization to use my photograph/likeness in its newsletters, magazine, newspaper publications, website or in printed publications. I also acknowledge that the above named organization reserves the right to discontinue use of my photograph with or without notice. It is hereby noted that I understand and agree that all photographic images and/or likenesses will become the property of the Alpha Kappa Alpha Sorority, Inc. Gamma Upsilon Chapter and Ivy Foundation of Hampton, Inc. and used and/or shared at their discretion.

**SIGNATURE:** \_\_\_\_\_

**NAME (Print):** \_\_\_\_\_

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

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

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_