



Alpha Kappa Alpha Sorority, Incorporated®

GAMMA UPSILON OMEGA

November 13, 2017

To Prospective Book 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 three (3) \$525.00 book scholarships to a senior at each Hampton City High School.

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 student with financial needs.

We look forward to your participation in this process and we hope to hear from you by the February 2, 2018 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 Book Scholarship Eligibility Criteria Letter and it must be postmarked by the February 2, 2018 deadline date.

Sincerely,

A handwritten signature in cursive script that reads 'Eleanor R. Blowe'.

Dr. Eleanor Blowe, President
Gamma Upsilon Omega Chapter
Alpha Kappa Alpha Sorority, Inc.

**Gamma Upsilon Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated
and
Ivy Foundation of Hampton, Incorporated
High School Book Scholarship Criteria**

Eligibility Requirements

- Applicants must be a Senior graduating this year from a Hampton City Public School (Bethel, Hampton, Kecoughtan, or Phoebus High School).
- Applicants must be enrolling in a four (4) year college or university for the 2017-2018 school year.
- Applicants must have a cumulative grade point average (GPA) of 3.0 or higher and demonstrate academic excellence, strong character, school leadership and/or community service.

Additional Requirements

1. A completed and signed Book Scholarship Application form. The application must be typed in Times New Roman (12 inch) font.
2. An official (sealed) High School Transcript
3. Two (2) signed letters of recommendation, from your school counselor and/or from your teachers. The letters must be typed.
4. An essay, minimum one (1) typed page not to exceed two (2) pages, double-spaced, (Times New Roman) twelve (12) inch font.
5. Documented proof of participation within school and/or volunteer /community/ church activities.
6. 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 by you **and** your parent and/or guardians’ official signature.
7. Applicants for this scholarship may be asked to participate in an interview process planned by the Scholarship Committee.

Award Amount

One (1) time award of five hundred twenty-five dollars (\$525.00)

Deadline for Submission:

The application and additional required documents must be submitted together and postmarked no later than: Friday, February 2, 2018.

Mailing Address:

Mail the completed application documents and photograph to the following address:

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

Please Note: THE SCHOLARSHIP COMMITTEE WILL NOT BE ABLE TO CONSIDER INCOMPLETE APPLICATIONS OR APPLICATIONS THAT ARE NOT POSTMARKED BY Friday, February 2, 2018.

*Gamma Upsilon Omega Chapter of Alpha Kappa Alpha Sorority, Inc.
And
Ivy Foundation of Hampton, Inc.
Book Scholarship Application Form*

THE APPLICATION FORM MUST BE TYPED

Name of Applicant:

Last

First

Middle

Address _____

Include Zip Code

Home Phone Number _____ Mobile Phone Number _____

(include area code)

(include area code)

Do you have text capability on your cellular phone? ____ YES ____ NO

Email _____

Tentative Major: _____

Class Rank: _____ out of _____ Grade Point Average (GPA): _____

School Activities (include any offices held):

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

Work Experience:

Dates of Employment:

Family Information:

Parent/Guardian Name(s) and Relationship

Occupation(s)

Employer(s)

Parent/Guardian Name(s) and Relationship

Occupation(s)

Employer(s)

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

_____ \$0 – \$20,999 _____ \$21,000 – \$40,999 _____ \$41,000 – \$60,999

_____ \$61,000– \$80,999 _____ \$81,000 – \$90,999 _____ \$91,000 and above

List all children and/or dependents in your household (exclude applicant):

Name

Age

School

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):

Have you received other scholarships? YES NO
If so, what is the approximate amount? \$ _____

List the colleges/universities for which you plan to apply for admission or have already submitted an application.

In your opinion, why should you receive this scholarship (Please use an attachment if needed)?

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 you and your parent and/or guardians’ official signature.

I certify that all of the information included on this application is factual and true. Any information that has been falsified or misrepresented may result in the withdrawal of my application from the selection process and forfeiture of scholarship.

Applicant’s Signature: _____ Date: _____

Parent/Guardian Signature(s): _____ Date: _____

NAME OF YOUR HIGH SCHOOL: _____

DEADLINE: Completed applications and all supporting documents and photograph must be postmarked no later than Friday, February 2, 2018.

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.

STUDENT SIGNATURE:

STUDENT NAME

(Print): _____

PARENT/ GUARDIAN

SIGNATURE _____

PARENT/GUARDIAN NAME

(Print) _____

DATE: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____