



# Alpha Kappa Alpha Sorority, Incorporated®

GAMMA UPSILON OMEGA

November 13, 2017

To Prospective Academic 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 one (1) \$2,000.00 scholarship 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 Academic Scholarship Eligibility Criteria Letter and it must be postmarked by the February 2, 2018 deadline date.

Sincerely,

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 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.

**Additional Requirements**

1. A completed Scholarship Application. The application must be typed (12 inch) format.
2. An official (sealed) High School Transcript
3. Two (2) Letters of recommendation, from your school counselor and/or from your teachers. Typed in 12 inch font.
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 with 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.

**Essay Topic**

**Describe a major issue within your school and/or community and recommend two (2) potential solutions.**

**Award Amount**

**One (1) time award of two (2) thousand dollars (\$2,000.00)**

**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, Incorporated  
and  
Ivy Foundation of Hampton, Inc.  
Academic Scholarship Application Form*

**THE APPLICATION FORM MUST BE TYPED**

**Name of Applicant**

\_\_\_\_\_

<b>Last</b>	<b>First</b>	<b>Middle</b>
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**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)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Work Experience</b>	<b>Dates of Employment</b>
_____	_____
_____	_____

**Family Information:**

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

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**Occupation(s)**

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**Employer(s)**

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**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 – \$20,999      \_\_\_\_ \$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:**

**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? \$ \_\_\_\_\_

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

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**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 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 my application from the selection process and forfeiture of the scholarship.

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

Parent/Guardian Signature: \_\_\_\_\_ 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: \_\_\_\_\_