



November 25, 2019

To Prospective Continuing Education Scholarship Applicants:

Alpha Kappa Alpha Sorority, Incorporated, is America's first and oldest Greek-letter organization for African American college/university women within the United States. <http://aka1908.com/> Currently we boast a membership of over 300,000 college educated women in the United States, Caribbean, Germany, Japan, Korea and Africa.

Alpha Kappa Alpha Sorority, Incorporated 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 have a 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 student(s) by awarding a **one thousand dollar (\$1,000.00) scholarship award, to eligible undergraduate students**. Our scholarship targets students who have demonstrated exceptional commitment to service throughout their respective university/college, the community and various aspects of academic achievement. The selection process is also sensitive to student with a financial need.

To ensure that your application is considered, you must complete and submit the completed application packet as outlined on the **Eligibility Criteria Letter**. In addition, the application packet must be postmarked by the February 28, 2020 deadline date for consideration by the Gamma Upsilon Omega Scholarship Committee.

Sincerely,

Tandie Taliaferro

Ms. Tandie Taliaferro, President
Alpha Kappa Alpha Sorority, Incorporated
Gamma Upsilon Omega Chapter

**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. The application must be typed (New Times Roman font – 12 inch).
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 **two (2) 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. The recommendation letters must be typed. (New Times Roman – 12 inch).
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 28, 2020. Mail the completed application and documents to the address below:

Alpha Kappa Alpha Sorority, Inc
Gamma Upsilon Omega Chapter
Attn: Scholarship Committee
P.O. 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

rd scholarships to undergraduate students who have completed at least one year of college at an accredited degree granting institution, graduated from a Hampton (VA) City Public School, and intend to continue their program of education and can demonstrate academic excellence, leadership, 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).*
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Continuing Education Scholarship Application Form*

THE APPLICATION FORM MUST BE TYPED

Name of Applicant

Last	First	Middle
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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)

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:

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.

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: _____

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 28, 2020. Mail the completed application packet to:

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Gamma Upsilon Omega Chapter
Attn: Scholarship Committee
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 NAME (Print): _____

STUDENT SIGNATURE: _____

PARENT/GUARDIAN NAME (Print) _____

PARENT/GUARDIAN NAME (Print) _____

PARENT/ GUARDIAN SIGNATURE _____

PARENT/ GUARDIAN SIGNATURE _____

DATE: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

