

Pi Omicron Omega Chapter Alpha Kappa Alpha Sorority, Incorporated



Scholarship Application

Scholarship applications are due by May 5, 2023

If returning completed application by mail, send completed scholarship application and materials to:

Pi Omicron Omega Chapter
Alpha Kappa Alpha Sorority Incorporated
Attention: Barbara L. Sellars
P.O. Box 2006
Burlington, North Carolina 27216

Must be postmarked by April 30, 2023

INSTRUCTIONS TO APPLICANT

Pi Omicron Omega Chapter of Alpha Kappa Alpha Sorority, Inc. invites seniors in the Alamance Burlington School System, Private Schools in Burlington and Alamance County, and the Early College of Alamance Community College to apply for a scholastic scholarship.

Alpha Kappa Alpha Sorority, Inc. is a Greek letter organization for college and university educated women. Each year we offer scholarships to qualified graduating seniors in the amounts of one thousand dollars (1,000.00) from high schools and five hundred dollars (\$500.00) from our local community college.

Read all information in this Scholarship Application Packet

- Application Form (Page 3)
- Personal Statement (Page 4)
- Transcript Form for Guidance Counselor (Page 5)
- Recommendation from Educator Form for your principal, a teacher, or your guidance counselor (Page 6)
- Recommendation from Church/Community Form for a member of your church or your community (Page 7)

Please request that recommendations are returned to you before April 30, 2023

Below is a checklist of information to be included in your completed Application Packet and should be returned to Scholarship Committee

_____ Completed Application Form

_____ Personal Statement

_____ Recommendation from Educator in a sealed envelope

_____ Recommendation from Church/Community in a sealed envelope

_____ Transcript in a sealed envelope

Please Return Completed Application Packet by **May 5, 2023** to:

Pi Omicron Omega Chapter
Alpha Kappa Alpha Sorority Incorporated
Attention: Barbara L. Sellars
P.O. Box 2006
Burlington, North Carolina 27216

Must be postmarked by April 30, 2023

Pi Omicron Omega Chapter
Alpha Kappa Alpha Sorority, Inc.

APPLICATION FORM

Applicant's Name:

Address:

Phone Number:

Parent/Guardian Name:

Parents/Guardian Address:

Parents/Guardian Phone Number:

Name and Address of High School:

Have you been accepted to a college or university? Yes No

If 'Yes', list colleges or universities below:

List activities and leadership positions in school:

List honors (scholastic, citizenship, artistic, etc.) awards, and/or recognition received:

List hobbies and/or special interests:

(You may attach additional documents if necessary to list above requested information)

PERSONAL STATEMENT

Applicant's Name: _____

This portion of the application is intended to assist the Scholarship Committee in obtaining a better sense of you as a person and as a student.

Please include answers to the following questions in your statement:

- How has your family, church, education, and environment influenced your development as a person committed to pursuing your educational goals?
- Why do you need this scholarship and if you receive it, how will it help you reach your educational goals?

Please attach your typed personal statement to your application. This statement should be ***no more than 300 words*** in length.

TRANSCRIPT REQUEST FORM

Applicant's Name: _____

To the Transcript Officer:

The above-named student is applying for a scholarship sponsored by the Pi Omicron Omega Chapter of Alpha Kappa Alpha Sorority, Inc. I am requesting that the following information be given to the student listed above **before April 30, 2023**.

Please enclose the requested information in a sealed envelope addressed to:

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Alpha Kappa Alpha Sorority Incorporated
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1. A copy of the applicant's complete academic record:
 - a. a transcript for work completed and
 - b. a listing of the courses in which he/she is currently enrolled.
2. Grand Point Average: _____ Weighted GPA _____ Un-weighted GPA

Thank You,

Barbara L. Sellars, Scholarship Committee Chairman

Signature of Applicant:

RECOMMENDATION FROM EDUCATOR

Applicant's Name: _____

The above-named student is applying for a scholarship sponsored by the Pi Omicron Omega Chapter of Alpha Kappa Alpha Sorority, Inc. I am requesting that the following information be given to the student listed above **before April 30, 2023**.

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Please give your name and relationship (teacher, counselor, principal, etc.) to the applicant: _____

How long have you known the applicant: _____

Please indicate the applicant's performance in the following areas:

	Outstanding	Good	Unsatisfactory	Unknown
Intellectual Ability				
Motivation				
Perseverance				
Ability to work with others				
Potential as a leader				

In addition to information requested above, please include a letter of recommendation for this student.

RECOMMENDATION FROM CHURCH/COMMUNITY

Applicant's Name: _____

The above-named student is applying for a scholarship sponsored by the Pi Omicron Omega Chapter of the Alpha Kappa Alpha Sorority, Inc. I am requesting that the following information be given to the student listed above **before April 30, 2023.**

Please enclose the requested information in a sealed envelope addressed to:

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 Alpha Kappa Alpha Sorority Incorporated
 Attention: Barbara L. Sellars
 P.O. Box 2006
 Burlington, North Carolina 27216

Please give your name and relationship to the applicant:

How long have you known the applicant: _____

Please indicate the applicant's performance in the following areas:

	Outstanding	Good	Unsatisfactory	Unknown
Involvement in Church				
Motivation				
Potential as a leader				
Ability to work with others				
Perseverance				

In addition to the information requested above, please include a letter of recommendation for this student.

