

# *Pi Beta Omega Chapter of Alpha Kappa Alpha Sorority, Inc.*

## **SCHOLARSHIP CRITERIA**

*The Pi Beta Omega Chapter of Alpha Kappa Alpha Sorority, Inc. Annual High School Scholarship is designed to assist a student who is enrolled or accepted in an accredited institution and would benefit from financial support in the furthering of his or her educational pursuits. The scholarship is awarded once a year for \$1,000.00 and is written directly to the school for which the student has been accepted.* **CRITERIA**

The student must:

1. Be a Newberry County high school senior who has been accepted to a two or four-year accredited college or university for the 2023-2024 school year.
2. Have a cumulative average of a "C".
3. Complete this application form and submit a 500-750-word essay that incorporates their **"Career Goals"** and **"Why They Should Receive the Pi Beta Omega Chapter of Alpha Kappa Alpha Sorority, Inc. Scholarship?"**
4. Submit two letters of recommendation.
  - a. One from a teacher of the student's choice
  - b. One from a community leader/advisor
5. Please submit a copy of your college acceptance letter for the 2023-2024 school year.

## **GENERAL INFORMATION**

1. Complete the entire application.
2. Secure recommendations **on the forms provided**.
3. Provide **a sealed copy** of your official high school transcript including verification of your class rank and GPR/GPA. **MAIL** it to the following address:

**Pi Beta Omega Chapter of Alpha  
Kappa Alpha Sorority, Inc.**

Attn: Scholarship Committee

P.O. Box 1065

Newberry, SC 29108

4. If you are the recipient of the scholarship, have your college's registrar's office notify us that you are indeed a fulltime student at said college/university.
5. Your scholarship check will be sent directly to the school and you will be notified when it is mailed. Funds will **ONLY** be sent to the school from which the acceptance letter is included in the packet.

**\*\*We will not be able to consider incomplete applications or applications that are postmarked after April 30, 2024.**

**Pi Beta Omega Chapter of  
Alpha Kappa Alpha Sorority, Inc.  
SCHOLARSHIP APPLICATION (Print Information)**

DATE \_\_\_\_\_

1. NAME \_\_\_\_\_
2. MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_
3. PHONE NUMBER (Home) \_\_\_\_\_ Cell \_\_\_\_\_
4. DATE OF BIRTH \_\_\_\_\_
5. U.S. CITIZEN YES \_\_\_\_\_ NO \_\_\_\_\_
6. PARENTS/GUARDIAN \_\_\_\_\_
7. PARENT'S EMAIL ADDRESS \_\_\_\_\_
8. CURRENT HIGH SCHOOL \_\_\_\_\_
9. CUMULATIVE GPA/GPR \_\_\_\_\_ ON A SCALE OF \_\_\_\_\_
10. CLASS RANK OF \_\_\_\_\_ OUT OF \_\_\_\_\_
11. SCHOOL COUNSELOR/ADVISOR \_\_\_\_\_
12. COUNSELOR'S PHONE NUMBER \_\_\_\_\_ 13.

COLLEGE/UNIVERSITY YOU PLAN TO ATTEND (Enrolled or Accepted)

\_\_\_\_\_ 14.

COLLEGE MAILING ADDRESS

15. INTENDED MAJOR

\_\_\_\_\_

16. SIGNIFICANT SCHOOL ACTIVITES: (include clubs, organizations, leadership positions, etc.)

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17. EXTRACURRICULAR ACTIVITIES: (include community, church and work experiences)

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18. AWARDS AND HONORS

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19. SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE:

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20. SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE:

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STUDENT'S NAME \_\_\_\_\_

**Pi Beta Omega Chapter Of****ALPHA KAPPA ALPHA SORORITY, INC. SCHOLARSHIP****TEACHER RECOMMENDATION****(TO THE TEACHER OF STUDENT'S CHOICE)**

Please take a few minutes to answer the following questions. Your impressions of the student are important and will be used to make a final selection. **Applicants will not see this recommendation form.** Please mail completed form to Vina. M. Abrams at P.O. Box 1065, Newberry, SC 29108 by April 30, 2024.

- Please rank the student from 1 (**weakness**) to 5 (**strength**) in the following areas:
- |   |         |                              |
|---|---------|------------------------------|
| 1. Works cooperatively with students and teachers | 1 2 3 4 | Error! Bookmark not defined. |
| 2. Completes work on time                         | 1 2 3 4 | 6                            |
| 3. Manages class time well                        | 1 2 3 4 | 6                            |
| 4. Self-motivation                                | 1 2 3 4 | 6                            |
| 5. Ability to work independently                  | 1 2 3 4 | 6                            |
| 6. Writing ability                                | 1 2 3 4 | 6                            |
| 7. Positive and enthusiastic                      | 1 2 3 4 | 6                            |
| 8. Ability to accept constructive criticism       | 1 2 3 4 | 6                            |
| 9. Leadership qualities                           | 1 2 3 4 | 6                            |
| 10. Critical thinking and questioning skills      | 1 2 3 4 | 6                            |

**Comments:**


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Signature & Title/Position

Date

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STUDENT'S NAME \_\_\_\_\_

**Pi Beta Omega Chapter Of**

**ALPHA KAPPA ALPHA SORORITY, INC. SCHOLARSHIP**

**COMMUNITY RECOMMENDATION**

**(TO COMMUNITY LEADER OF STUDENT'S CHOICE)**

Please take a few minutes to answer the following questions. Your impressions of the student are important and will be used to make a final selection. **Applicants will not see this recommendation form.** Please mail completed form to Vina. M. Abrams at P.O. Box 1065, Newberry, SC 29108 by April 30, 2024.

Please rank the student from 1 (**weakness**) to 5 (**strength**) in the following areas:

1. Works cooperatively with students and teachers	1	2	3	4	5
2. Completes work on time	1	2	3	4	5
3. Manages class time well	1	2	3	4	5
4. Self-motivation	1	2	3	4	5
5. Ability to work independently	1	2	3	4	5
6. Writing ability	1	2	3	4	5
7. Positive and enthusiastic	1	2	3	4	5
8. Ability to accept constructive criticism	1	2	3	4	5
9. Leadership qualities	1	2	3	4	5
10. Critical thinking and questioning skills	1	2	3	4	5

Please briefly list or describe **one community service event or project completed by the applicant and its impact on the community:**

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**Signature & Title/Position**

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**Date**

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