SIGMA OMICRON OMEGA CHAPTER OF

ALPHA KAPPA ALPHA SORORITY, INCORPORATED®

2024 SCHOLARSHIP APPLICATION

PERSONAL INFORMATION Name of School: School Awards Program date/time: Name First Name Last Name **Address** Street Name Postal Code City **Contact Email** Name of Parent(s) Guardian(s) Contact **Email ACADEMIC ACHIEVEMENTS** Weighted GPA: **Unweighted GPA:** minimum 2.5 **Graduation Date:** Scholastic Honors/ Recognitions received:

SERVICE/EXTRACURRICULAR/LEADERSHIP

Community Service:				
Participation in Extracurricular Activities (sports, clubs, church, community):				
Leadership held in Clubs or Organizations:				
FUTURE PLANS				
Which College/University/Vocational School do you plan to attend?				
Career Plans:				
Briefly describe the reasons for this career choice:				

ESSAY SUBMISSION

DIRECTIONS: PLEASE SUBMIT A 500 WORD, DOUBLE-SPACED, TYPED ESSAY ON ONE OF THE FOLLOWING TOPICS. CHOOSE ONE:
TOPIC I: DESCRIBE A MENTOR IN YOUR LIFE WHO HAS MADE A DIFFERENCE IN SHAPING YOUR PERSONAL VALUES. STATE YOUR PERSONAL VALUES AND EXPLAIN WHY YOU HOLD HIM/HER AS A ROLE MODEL.
TOPIC II: DISCUSS SOME ISSUE OF PERSONAL, LOCAL, NATIONAL, OR INTERNATIONAL CONCERN AND ITS IMPORTANCE TO YOU.

CHECKLIST

ALL ITEMS ARE TO BE SUBMITTED TOGETHER.

ATTACH TWO (2) LETTE (AT LEAST ONE FROM	ERS OF RECOMMENDATION SCHOOL PERSONNEL)				
ATTACH AN OFFICIAL (COPY OF YOUR HIGH SCHOOL TRANSCRIPT.				
ATTACH A WALLET SIZ	LLET SIZE PHOTO TO YOUR APPLICATION. (NON-RETURNABLE)				
MUST HAVE MINIMUM 2.5 GPA					
ESSAY SUBMISSION					
TO PROMOTE AWARENESS OF SORORITY ACTIVITIES AND EVENTS, WE ARE REQUESTING PERMISSION TO USE YOUR NAME, PICTURE, AND ACCOMPLISHMENTS IN PUBLICATIONS, TECHNOLOGY, AND/OR FORMS OF MEDIA INVOLVING OUR SORORITY.					
I AGREE TO THE USE OF MY NAME, PICTURE, AND ACCOMPLISHMENTS IN PUBLICATIONS, TECHNOLOGY, AND/OR FORMS OF MEDIA INVOLVING OUR SORORITY.					
I DO NOT AGREE FOR MY NAME, PICTURE, AND ACCOMPLISHMENTS TO BE USED IN PUBLICATIONS, TECHNOLOGY, AND/OR FORMS OF MEDIA INVOLVING OUR SORORITY.					
SIGNATURE OF STUDENT		DATE			
SIGNATURE OF PARENT		DATE			

APPLICATIONS MUST BE POSTMARKED BY: MARCH 16, 2024

NOTE: IF THIS DATE IS DURING YOUR SPRING BREAK, PLEASE MAKE SURE YOU HAVE REQUESTED AND RECEIVED YOUR TRANSCRIPT.

APPLICATIONS MAY BE EMAILED TO: SOOAKASCHOLARSHIP@GMAIL.COM (OR) APPLICATIONS MAY BE MAILED TO:

ATTN: SCHOLARSHIP COMMITTEE
ALPHA KAPPA ALPHA SORORITY, INC.
SIGMA OMICRON OMEGA
P.O. BOX 2702
FT. WALTON BEACH, FL 32549