

Alpha Kappa Alpha Sorority, Inc.®

Eta Phi Omega Chapter

P.O. Box 90815

Lafayette, Louisiana 70509-0815

Application for Scholarship

Applicant's Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

High School: _____

Parents' Name: _____ Telephone: _____

Parents' Address (if different from above): _____

Parents' Email Address: _____

1. List fields of interest or possible major:

(A) _____ (B) _____

(C) _____ (D) _____

2. What college do you plan to attend? _____

3. Will you receive any kind of financial assistance? • Yes • No

If you answered yes, list the financial assistance you will receive in the space provided below.

(A) _____ (B) _____

4. List the extracurricular activities you have participated in at school.

(A) _____ (B) _____

(C) _____ (D) _____

(E) _____ (F) _____

5. List out-of-school organizations to which you belong.

(A) _____ (B) _____
(C) _____ (D) _____
(E) _____ (F) _____

6. List all honors or awards you have received at school.

(A) _____ (B) _____
(C) _____ (D) _____

7. List the names and addresses of three people, not related to you, who may be called upon for character references.

Name	Address	Phone Number	Years Acquainted

8. Overall Grade Point Average: _____ ACT Composite Score: _____

9. On a separate sheet of paper, please type an **essay** that reveals your true self, thoughts, dreams, creativity, and your view of the world. The essay should be a maximum of 250 words, double spaced, and typed using a 12 inch font.

Please be sure to answer all questions. Check to make certain all required material is forwarded with this application. Any incomplete applications will not be considered.