



Alpha Kappa Alpha Sorority, Incorporated®

Iota Psi Omega Chapter Scholarship Committee P.O. Box 303 Athens, Georgia 30603

Dear Student,

Alpha Kappa Alpha Sorority, Incorporated®, Iota Psi Omega Chapter will award academic scholarships to graduating seniors who reside in or attend school in the Clarke, Elbert, Greene, and Stephens areas. Qualified applicants must be African American, have a minimum 3.0 overall grade point average, and plan to attend an accredited college or university.

All application packets must include the following:

- ✿ Completed Application (Typed or printed legibly)
- ✿ Application Essay (Typed 500 words or less)
- ✿ Official Transcript
- ✿ SAT or ACT Scores (If applicable)
- ✿ 1 Recommendation Letter (Academic)
- ✿ 1 Recommendation Letter (Character)
- ✿ College Acceptance Letter(s) to an accredited four-year college/university
- ✿ Attach headshot photo of yourself to the application no larger than 4X6 in size. This photo should be conservative. By signing this application, you release Alpha Kappa Alpha Sorority Incorporated®, Iota Psi Omega Chapter to use your photograph and biographical information for possible articles in the media.

The academic recommendation letter must be completed by an academic teacher, counselor or administrator of the school in which you currently attend. The second recommendation may be from an individual familiar with your character, school activities, or community involvement.

Applicants will be judged on: scholarship, character, school and community activities, essay, and interview.

Scholarship Packets must be postmarked no later than April 21, 2023, and remitted to:

ipoaka@gmail.com

or

**Alpha Kappa Alpha Sorority, Incorporated®
Iota Psi Omega Chapter
c/o Scholarship Committee
P.O. Box 303
Athens, GA 30603**

Thank you for your cooperation.

Educationally,
Iota Psi Omega Scholarship Committee



Alpha Kappa Alpha Sorority, Incorporated®

Iota Psi Omega Chapter

Scholarship Application

Directions: Please type/print legibly all requested information.

APPLICANT INFORMATION

First Name		Middle Name		Last Name	
Street Address			City	State	Zip
Home Phone	Cell Phone		Email Address		
Date of Birth			Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		

PARENT / GUARDIAN INFORMATION

1) Parent / Guardian Name		Relationship	
Phone Number		Email Address	
2) Parent / Guardian Name		Relationship	
Phone Number		Email Address	

HIGH SCHOOL INFORMATION

High School Currently Attending			Overall GPA	
Address		City	State	Zip

COLLEGE ASPIRATIONS

Colleges / Universities You Applied to Or Plan to Apply	Intended Major or Field of Study
---	----------------------------------



Alpha Kappa Alpha Sorority, Incorporated® Iota Psi Omega Chapter

EXTRA-CURRICULAR / COMMUNITY ACTIVITIES

Name of Group / Activity	Grade (Check boxes that apply)				Positions Held (if applicable)
	9 th	10 th	11 th	12 th	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
Were you a member of any mentoring programs sponsored by Alpha Kappa Alpha Sorority, Incorporated, Iota Psi Omega Chapter or the Pearls of Wisdom and Grace Foundation? YES NO					If Yes, please list the program and date(s) of participation: _____ _____

HONORS / AWARDS / RECOGNITIONS

Award	Grade (Check boxes that apply)				Source / Reason for Award
	9 th	10 th	11 th	12 th	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					



Alpha Kappa Alpha Sorority, Incorporated® Iota Psi Omega Chapter

ESSAY

In five hundred (500) words or less, please share why you should be considered for the Alpha Kappa Alpha Sorority, Incorporated, Iota Psi Omega Chapter Scholarship. How does your life's purpose connect to the ideals of Alpha Kappa Alpha Sorority, Incorporated?

Parent/Guardian Media Release Form

Alpha Kappa Alpha Sorority, Incorporated® routinely promotes programs and activities involving minors through various media. MEDIA RELEASE

I, _____ the undersigned, do hereby grant permission to use the image of my child, _____. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Web site.

Applicant's Signature

Date

Parent / Guardian's Signature

Date

SIGNATURES

I have provided truthful and complete information in this application and understand the requirements of this program. I understand that if I am a recipient of this scholarship award, that my awarded amount will be submitted on my behalf to the accredited four-year college/university in which full-time enrollment has been verified. I forfeit the awarded amount if I do not attend an accredited four-year college/university and I am not enrolled as a full-time student.

Applicant's Signature

Date

Parent / Guardian's Signature

Date