**\*Please note that there are five $1000.00 Scholarships Available.**

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| Eligibility Criteria |

**Requirements**

* Minimum Cumulative (overall) GPA of 2.5.
* Current High School Senior in Lake County.
* Must be enrolled in or accepted to an accredited college, trade school or university
* Two Character Recommendations (1- Community and 2-Teacher or Counselor)
* Completed Application, including student essay.
* Must send a professional headshot photo with scholarship application packet (no photos will be returned).
* Scholarship application and all documents must be postmarked by **March 1st.**
* Official Student Transcript must be included with this application packet.

**\*Incomplete applications and information will be not be considered.**

**Student Essay**

* Must be typed, double-spaced, 12 point font size.
* Essay must be 300-500 words.
* Essay Question: What are your educational goals and your plans after college?

**Letters of Recommendation**

* You must turn in **two** recommendation letters (1 community or personal; and 1 academic recommendation from a High School Teacher, Counselor, or Academic Mentor). **Please see forms within this application.**
* **All** recommendations must be completed and mailed, with scholarship application, to: **Alpha Kappa Alpha Sorority, Inc.**

**P.O. Box 8528**

**Waukegan, IL 60079**

**akalakecounty@gmail.com**

**Dr. Sharon Sanders-Funnye, Scholarship Chairperson, 847.543.2731.**

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| Application Checklist |

* **Scholarship Application** All sections of this application must be completed. The Student must sign and date the last page of this application.
* **Student Essay** The student must answer the essay question fully.
* **Transcripts** An official high school transcript must be included with the scholarship application.
* **Letter of Recommendation Forms** - The student must submit two recommendations.

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| Personal Background |

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First M.I.

Gender: M F

Preferred First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

Home Phone Number: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Degree pursuing: Trade School Associates Bachelors

College/University attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please attach acceptance letter)

First Generation Student (Did either parent graduate from college with a Bachelor’s Degree) \_\_\_ Yes \_\_\_ No

Are you in the AKA #CAP Educational program? \_\_\_Yes \_\_\_No

|  |
| --- |
| Academic Background |

**High School Information**

Name of High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Graduation: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Cumulative (overall) Grade Point Average: \_\_\_\_\_\_\_\_\_

|  |
| --- |
| Extracurricular Activities (include school and work activities) |

**Community Contributions**

List below any community or service organizations you have provided services to:





**/////////////////////////////////////////////**

**Academic Honors**

List below major academic honors or distinctions you have received. Please be specific:



**//////////////////////////////////////////////**

**Financial Information**

Do you plan to apply for federal financial assistance? Yes No

Household adjusted gross income (2018 or 2019): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Include parent’s income if you are a dependent student)

Number of people in household: \_\_\_\_\_\_\_\_\_\_\_ Number enrolled in college: \_\_\_\_\_\_\_\_\_\_

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| Academic Recommendation  |

***To be completed by person recommending applicant (Teacher, Counselor, Academic Mentor)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is applying for the Alpha Kappa Alpha Scholarship.

Student’s Name

In view of your knowledge of the applicant, how do you assess his or her abilities and character in the following categories as compared to his or her peers?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Superior | Above Average | Average | Below Average | Poor | Not Observed |
| Ability to work well with others |  |  |  |  |  |  |
| Determination to succeed |  |  |  |  |  |  |
| Maturity |  |  |  |  |  |  |
| Interpersonal Skills |  |  |  |  |  |  |
| Self-Confidence |  |  |  |  |  |  |
| Self-Discipline |  |  |  |  |  |  |
| Oral Communication |  |  |  |  |  |  |
| Motivation to further education |  |  |  |  |  |  |
| Motivated to make a difference in their community |  |  |  |  |  |  |

How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_ Years Months

In what capacity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your recommendation of this applicant for this Scholarship

 Highly Recommended Recommend Recommend with Reservation Not Recommended

Please give a brief appraisal of the applicant’s strengths, weaknesses and interpersonal skills.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Recommendation From:*** Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Community or Personal Recommendation |

***To be completed by person recommending applicant (Work Supervisor, minister, or community leader).***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is applying for the Alpha Kappa Alpha Scholarship.

Student’s Name

In view of your knowledge of the applicant, how do you assess his or her abilities and character in the following categories as compared to his or her peers?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Superior | Above Average | Average | Below Average | Poor | Not Observed |
| Ability to work well with others |  |  |  |  |  |  |
| Determination to succeed |  |  |  |  |  |  |
| Maturity |  |  |  |  |  |  |
| Interpersonal Skills |  |  |  |  |  |  |
| Self-Confidence |  |  |  |  |  |  |
| Self-Discipline |  |  |  |  |  |  |
| Oral Communication |  |  |  |  |  |  |
| Motivation to further education |  |  |  |  |  |  |
| Motivated to make a difference in their community |  |  |  |  |  |  |

How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_ Years Months

In what capacity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your recommendation of this applicant for this Scholarship

 Highly Recommended Recommend Recommend with Reservation Not Recommended

Please give a brief appraisal of the applicant’s strengths, weaknesses and interpersonal skills.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Recommendation From:*** Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Academic Transcript – Official Copy only |

**A true and correct copy of my high school transcript, certified by an appropriate high school official is attached (in a sealed and stamped envelope).**

|  |
| --- |
| I certify that the completeness and accuracy of the information supplied throughout this application, and that the student essay is entirely my own work. |

 Signature of the Student Applicant Date

**//////////////////////////////**

Alpha Kappa Alpha Sorority, Inc.

Lambda Nu Omega Chapter

**Photo Release Consent Form**

**(Please submit a professional photo – headshot only).**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby consent to participation in interviews, the use of quotes, and the taking of photographs, movies or videos of the Student named above by Alpha Kappa Alpha Sorority, Inc.

I also grant to Alpha Kappa Alpha Sorority, Inc. the right to edit, use and reuse said products including use in print, on the internet, and all other forms of media, whether electronic, print or digital and whether now known or hereafter existing.

I also hereby release Alpha Kappa Alpha Sorority Inc. and its members from all claims, demands, and liabilities whatsoever in connection with the above.

Parent/Guardian Signature **(if student is under 18)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR**

Student Signature **(if student is over 18):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_