



ALPHA KAPPA ALPHA SORORITY, INC.
Theta Sigma Omega Chapter
2017 Academic Scholarship Application
\$1,000 Award



COUNSELOR RECOMMENDATION FORM

Student's Name: _____

Name of School: _____

Class Rank _____ Class Size _____ GPA (on 100 pt scale) _____

ACT Composite _____

SAT Composite* _____

*Note: SAT scores may not be combined from multiple tests.

Classify student's course curriculum: _____ Basic _____ General/Core _____ College Prep

Is this student graduating with any honors or distinctions? _____ yes _____ no

If yes, please specify: _____

Student's Character: _____ Excellent _____ Good _____ Fair _____ Poor

Recommendation Comments: _____

Counselor's Signature: _____ Date: _____

Counselor's E-Mail Address: _____

Counselor's Phone Number: _____

For any questions, please contact the Theta Sigma Omega Chapter Academic Scholarship Committee Representative, Mrs. Emily Thompson, at 601-325-8562 or Chairpersons, Mrs. Rosemary Woullard and Mrs. Juruthin Woullard.

NOTE: Please place this form in a sealed envelope with your signature across the flap. The student should also request a copy of his/her transcript, which should also be placed in a sealed envelope. Recommendation forms and Transcripts may be returned to the student for inclusion with the scholarship application packet. Thank you.