



**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.