



**ALPHA KAPPA ALPHA SORORITY, INC.**  
*Theta Sigma Omega Chapter*  
*Hattiesburg, Mississippi*  
[www.thetasigmaomega.org](http://www.thetasigmaomega.org)



**2018 Academic Scholarship Application**  
**\$1,000 Award**  
**Postmark Deadline: May 2, 2018**

**APPLICANT CRITERIA**

**All Participants MUST:**

1. Graduate from high school during the academic year in which the scholarship is awarded,
2. Have a least a “B+” (88) average,
3. Fully complete scholarship application with picture (headshot) attached, and all accompanying documents,
4. Have a least one (1) letter of recommendation from a teacher, member of Alpha Kappa Alpha Sorority, Inc., or a community leader,
5. Have Counselor Recommendation Form Completed by High School Counselor in a sealed envelope,
6. Include with application your current official high school transcript in a sealed envelope,
7. Submit a personal essay, “Why I should be awarded the Theta Sigma Omega Academic Scholarship.” Include in this essay, factual information about you, your family, your educational and career goals, and your plans to achieve them. Essay should be 200-400 words, typed in times New Roman, 12pt font, double spaced.
8. Show proof of acceptance to a college or university prior to receipt of scholarship in Fall. (Please present official written documentation from the college or university of enrollment to the Scholarship Committee Chair or to the Chapter President),
9. Enter an accredited college or university by the fall of the year of graduation.

**INCOMPLETE APPLICATIONS, OR THOSE THAT DO NOT MEET ALL REQUIRED CRITERIA AND FORMATTING WILL NOT BE CONSIDERED. THIS APPLICATION, AND ALL REQUIRED DOCUMENTS, MUST BE RECEIVED BY COMMITTEE CHAIR NO LATER THAN May 2, 2018, AND SHOULD BE MAILED TO THE ADDRESS SHOWN BELOW:**

**ALPHA KAPPA ALPHA SORORITY, INC.**  
**THETA SIGMA OMEGA CHAPTER**  
**ATTN: Academic Scholarship Committee**  
**Post Office Box 17942**  
**Hattiesburg, Mississippi 39404**

***THE SCHOLARSHIP WILL BE SENT DIRECTLY TO THE COLLEGE OR UNIVERSITY OF ENROLLMENT IN THE NAME OF THE SCHOLARSHIP RECIPIENT.***

**About Alpha Kappa Alpha Sorority, Inc.**

Alpha Kappa Alpha Sorority, Incorporated had its humble beginnings as the vision of nine college students on the campus of Howard University in 1908. Since then, the sorority has flourished into a globally-impactful organization of over 290,000 college-trained members, bound by the bonds of sisterhood and empowered by a commitment to servant-leadership that is both domestic and international in its scope. As Alpha Kappa Alpha has grown, it has maintained its focus in two key arenas: the lifelong personal and professional development of each of its members; and galvanizing its membership into an organization of respected power and influence, consistently at the forefront of effective advocacy and social change that results in equality and equity for all citizens of the world.

ALPHA KAPPA ALPHA SORORITY, INC.  
Theta Sigma Omega Chapter

2018 Academic Scholarship Application

Please attach a small  
headshot here.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent's Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Other

With whom do you reside? \_\_\_\_\_

Number of Siblings Living at Home: \_\_\_\_\_ Number enrolled in College: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ African-American \_\_\_\_\_ Asian \_\_\_\_\_ Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_ Other

Please indicate your Family's Adjusted Gross Income from the most recent Federal Income Tax Return:

\_\_\_\_\_ <\$25,000 \_\_\_\_\_ \$25,000-\$35,000 \_\_\_\_\_ \$35,000-\$45,000 \_\_\_\_\_ \$45,000-\$55,000 \_\_\_\_\_ >\$55,000

**EDUCATIONAL BACKGROUND**

Name of High School currently attending: \_\_\_\_\_

Anticipated Date of Graduation: \_\_\_\_\_ Honors Graduate: \_\_\_\_\_ yes \_\_\_\_\_ no

Cum GPA (on 100 pt scale) \_\_\_\_\_ ACT Composite \_\_\_\_\_ SAT Composite\* \_\_\_\_\_  
\*note SAT scores may not be combined from multiple tests

List all awards received while attending high school: \_\_\_\_\_

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

List all scholarships awarded: \_\_\_\_\_

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

List All High School Club/Organization Memberships and Leadership Roles: \_\_\_\_\_

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List All High School Community Service Activities: \_\_\_\_\_

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### Future Plans

Name of college you plan to attend: \_\_\_\_\_

Intended College Major: \_\_\_\_\_

Why have you selected this college and major? \_\_\_\_\_

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What are your career goals? \_\_\_\_\_

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Applicant Agreement Statement:

- I verify that all information included on this application is true and accurate.
- I give permission for the Theta Sigma Omega Chapter and Alpha Kappa Alpha Sorority, Inc. to publicize my award, picture, and information regarding college of attendance.
- I will provide my social security number, college ID#, and a picture of myself as needed.

\_\_\_\_\_  
Signature of Applicant

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

\_\_\_\_\_  
Signature of Parent

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

<b>FOR OFFICE USE ONLY</b>	APPLICATION RECEIVED BY:	DATE APPLICATION RECEIVED:



**ALPHA KAPPA ALPHA SORORITY, INC.**  
***Theta Sigma Omega Chapter***  
**2018 Academic Scholarship Application**  
**\$1,000 Award**



**Postmark Deadline: May 2, 2018**

**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 Chairpersons, Dr. Adina Green, at 601-329-3485 or Dr. Rosemary Woullard, or Committee Representative, Mrs. Emily Thompson at 601-325-8562.

**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.