



ALPHA KAPPA ALPHA SORORITY, INCORPORATED
GAMMA MU OMEGA CHAPTER

P.O. Box 9185
Daytona Beach, Florida 32120



Scholarship Application Packet

Classification: Junior _____ Senior _____

Please type or print

Name: _____
(Last) (First) M.I.

Address: _____
(Street Address) City State Zip

Phone (H): _____ Phone (C): _____ Email: _____

With whom do you live? #Father #Mother #Other (Grandparents/Aunt/Uncle/Sibling)

Father or Guardian's Name: Last _____ First _____ M.I. _____

Cell: _____ Home: _____

Mother or Guardian's Name: Last _____ First _____ M.I. _____

Cell: _____ Home: _____

Name of High School _____

GPA: Weighted _____ GPA Un-weighted _____

Name of Guidance Counselor _____ Rank in Class ____ / ____

Highest SAT score _____ Highest ACT score _____

List any academic honors/recognitions received:



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List School Activities

<u>Activity</u>	<u>Sponsor</u>	<u>Years</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List Community Service Activities (*Please complete the Community Service verification form*)

<u>Location</u>	<u>Supervisor's Name/Telephone#</u>
_____	_____
_____	_____

Employment

Are currently employed? Yes No

If yes, where? _____

How long have you been employed? _____

Supervisor's Name /Telephone# _____

Higher Education Goals

Top 2 colleges to which you applied for admissions.	College Admission granted	Major
1. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
2. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____



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Please check which program you are applying through:

- Debutante General

Scholarships offered:

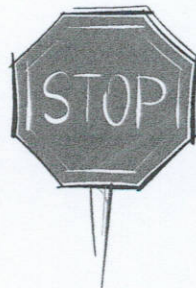
- If you are participating in one of the signature programs, two scholarships are awarded – one senior and one junior
- If you are applying for a general scholarship, the number awarded will depend on the funds available.

Award Amount: \$1,000

Criteria: A GPA of 2.80 or higher

This application will not be considered without the following attachments:

1. Two letters of recommendation from a school official or community member.
2. Official high school transcript (sealed envelope)
3. Typed essay (350 words maximum)
4. Completed scholarship application



INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Mail completed application packets to:
**ALPHA KAPPA ALPHA SORORITY, INCORPORATED
Gamma Mu Omega Chapter
Scholarship Committee
P.O. Box 9185
Daytona Beach, Florida 32120**





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Application Deadline: **Wednesday, April 25, 2018**

Application Presentations: **Scholarships will be presented during the Awardees honors/awards ceremonies.**