

ALPHA KAPPA ALPHA SORORITY, INC.
DELTA XI OMEGA CHAPTER
P.O. BOX 983
SALISBURY, NC 28145

January 30, 2017

GUIDELINES FOR EDUCATIONAL GRANT

1. The following areas will be given consideration:
 - A. Academic achievement and school involvement
 - B. Citizenship and community activities
 - C. Current and past involvement with Alpha Kappa Alpha Sorority, Inc.

2. The application packet must include the following:
 - A. **OFFICIAL** school transcript
 - B. **TYPED** letter from applicant stating their future plans, career goals and reason for applying for the Educational Grant
 - C. **TWO** letters of recommendation, one from sorority member, or school official i.e. principal, teacher, counselor or community person (Sorority member **MUST** be financially active)
 - D. **FORMAT** for applicant's letter and letter of recommendation salutation:
Dear Committee Members:

Body of Letter

Sincerely,

Your name (**don't forget to write your signature**)

3. Educational Grant of \$500.00 or more will be awarded to graduating seniors in the Rowan-Salisbury, Davie County, Home School, Charter School or Rowan-Salisbury Early College who meet the criteria and are selected. Home Schools and Charter Schools must provide official documentation from Home School Association or parent group. Student must provide official transcript from high school prior to Home School or Charter School. A grant of \$500.00 will be awarded to each student selected. Selected students who attend a Historically Black College or University (HBCU) will receive \$600.00. In addition, any former Fashionetta Pageant participant is eligible to apply.

4. The applicant must have been accepted to an accredited four-year institution prior to the presentation of the Educational Grant. Applicant must provide a copy of the acceptance letter from the college or university prior to receiving the Educational Grant.

5. The Educational Grant will be awarded for the spring semester, January 2018, upon written request from recipient. Official documentation (stamped) of grades from the fall (first) semester and a copy of their second semester schedule must be presented.

6. Deadline for receiving completed application packet is **MARCH 31, 2017**. Incomplete application packets will not be reviewed.
7. Send complete packet to:

Thomasine Oglesby-Keaton-El
Scholarship Chairman
P.O. Box 983
Salisbury, NC 28145

APPLICATION FOR EDUCATIONAL GRANT
ALPHA KAPPA ALPHA SORORITY, INC.
DELTA XI OMEGA CHAPTER
POST OFFICE BOX 983
SALISBURY, NC 28145

NAME _____

MAILING ADDRESS _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

DATE OF BIRTH: _____

NAME OF PARENT (S)/ GUARDIAN (S): _____

HIGH SCHOOL: _____

SCHOOL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PRINCIPAL'S NAME: _____

WEIGHTED GRADE POINT AVERAGE (6.0 SCALE): _____

UNWEIGHTED GRADE POINT AVERAGE (4.0 SCALE): _____

CLASS RANK: _____

SCHOOL ACTIVITIES: _____

HONORS, SPECIAL AWARDS AND RECOGNITIONS:

COLLEGE (S) WHERE YOU HAVE BEEN ACCEPTED:

COLLEGE YOU PLAN TO ATTEND:

SCHOLARSHIPS AND FINANCIAL AID YOU HAVE APPLIED FOR

1.

2.

3.

4.

NOTE:
YOU MAY ATTACH AN ACTIVITY SHEET.

COMPLETE AND RETURN CHECKLIST

ALL INFORMATION IS TREATED WITH COMPLETE CONFIDENTIALITY.

RETURN COMPLETED APPLICATION PACKET BY MARCH 31, 2017 TO:

Mrs. Thomasine Oglesby-Keaton-El
Scholarship Chairman
P.O. Box 983
Salisbury, NC 28145

ALPHA KAPPA ALPHA SORORITY, INC.
DELTA XI OMEGA CHAPTER
P.O. BOX 983
SALISBURY, NC 28145
EDUCATIONAL GRANT CHECKLIST

Name _____

Address _____

School _____

_____ Official transcript

_____ Typed letter

_____ Two letters of recommendation

(Can be mailed separately from individual or enclosed with application)

_____ Copy of Letter of Acceptance

****Home School or Charter School Applicants**

_____ Home School/Charter School Certification/ Credentials

_____ Transcript from previous high school
(Prior to attending Home/ Charter School)