

*Alpha Kappa Alpha Sorority, Incorporated*  
Epsilon Iota Omega Chapter  
P.O. Box 1279  
Dover, Delaware 19903

### **Scholarship Application Guidelines**

1. The scholarship applicant must be a senior high school student planning to continue his/her education at an accredited college or university in the fall of 2020.
2. The student must reside and attend school in Kent County Delaware.
3. Applicants will be judged on the following:
  - a. The entire completed application form.
  - b. A letter from the high school counselor stating the student's involvement in school activities, leadership qualities, character, financial need (if any), and other relevant information.
  - c. An official high school transcript showing the student's approximate rank in the graduating class.
  - d. A brief statement (approximately 100 words) stating your career goals.
4. The scholarship recipient will be selected by members of the scholarship committee of Epsilon Iota Omega Chapter, Alpha Kappa Alpha Sorority, Inc.
5. The Scholarship Committee will notify the recipient and the high school of the scholarship award at least three (3) weeks before the school's scheduled Graduation Ceremony.
6. A check for the amount of the scholarship will be forwarded to the student. **(Once verification of enrollment at the college is received)**

**DEADLINE: April 3, 2020**

Please return your completed application to the sorority's address above. Mailed scholarship applications must be postmarked no later than **April 3, 2020**. You may hand deliver the scholarship application on **April 3, 2020** to the **Mix and Mingle** at Solid Rock Community Outreach Center, 109 N. West Street, Dover, Delaware 19904 from 5:30 PM – 7:30 PM.

**All applications must be typed or legibly printed. Applications that arrive late and/ or incomplete will not be considered.**

Alpha Kappa Alpha Sorority, Incorporated, Epsilon Iota Omega Chapter does not discriminate because of race, creed, national or ethnic origin, sex, or disability.

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**Scholarship Application Form**

Alpha Kappa Alpha Sorority, Incorporated, Epsilon Iota Omega Chapter is offering a \$500 scholarship to a deserving student who plans to continue his/her education. It is awarded on the basis of educational performance and initiative.

*Type or Legibly Print*

Full name of applicant \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Cell Number \_\_\_\_\_ Email \_\_\_\_\_

Social Media \_\_\_\_\_

Name and address of high school you now attend \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Graduation date \_\_\_\_\_

Current GPA: a. Weighted \_\_\_\_\_ b. Unweighted \_\_\_\_\_

College you plan to attend \_\_\_\_\_

Have you been accepted? (Please check)  Yes  No

List extra-curricular activities in which you have been active: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Academic awards or honors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Academic awards or honors: \_\_\_\_\_

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\_\_\_\_\_



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**Scholarship Application Form (continued)**  
**Biographical Information**

*Type or Legibly Print*

1. Family Information

Mother's name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Street address \_\_\_\_\_  
City,ST,Zip \_\_\_\_\_  
Phone number \_\_\_\_\_

Father's name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Street address \_\_\_\_\_  
City,ST,Zip \_\_\_\_\_  
Phone number \_\_\_\_\_

2. Siblings (Please check)     Yes         No

If yes, please list their names, ages, and indicate yes or no if they are dependent on their family for financial support.

Name	Age	Dependent	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Have you ever worked? (Please check)     Yes         No

If yes, when? \_\_\_\_\_ What type of employment? \_\_\_\_\_

How do you plan to finance your college education?

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