



ALPHA KAPPA ALPHA SORORITY, INC.
CHI TAU OMEGA CHAPTER **XTQ**
2023 SCHOLARSHIP APPLICATION

Student's Name: _____ Student ID#: _____ School: _____
Parent's Name: _____
Address: _____
Home Phone # _____ Cell # _____ Email Address: _____

I. **ACADEMIC**

- A. Highest SAT score: _____ B. Highest ACT score: _____
C. Cumulative Grade Point Average (GPA): _____ (on 4.0 scale)

II. **LEADERSHIP AND EXTRACURRICULAR**

Please complete the following information in the applicable spaces provided:

- A. High School Scholastic Awards and Honors. List grade in which award was received.
B. School/Club Activities. Include years participated, offices held, and activities in which you participated.
C. Community service/Church and other Activities/Organizations. Include years participated, offices held, and activities in which you participated.

III. **ATTACHMENTS**

Please attach to this application:

- A. An essay written by the applicant (not to exceed 2 pages, typed, double-spaced, 12pt. font)

Topic: Based on financial need, describe how winning this scholarship would impact your future plans

- B. An official high school transcript; a minimum cumulative GPA of 2.5 (on a 4.0 scale) is required to apply.
C. A copy of a college acceptance letter, if available.
D. One signed letter of recommendation from a teacher (former or present), counselor, or principal.
E. One signed letter of recommendation from non-school related community service or organization in which the applicant participated (on the organization's letterhead).

IV. **COLLEGE INFORMATION**

Itemize your estimated college/technical expenses for one (1) full academic year.

MAJOR/CAREER INTEREST _____
TUITION \$ _____ OTHER (specify) _____
BOOKS \$ _____ TOTAL \$ _____

FINANCIAL RESOURCES: Source of contributions – list **all** contributions known at this time (i.e. parents, other scholarships, grants, etc.). Also, list **all** scholarships you have applied for.

| Name | Description | Amount |
|------|-------------|--------|
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V. **SIGNATURE (Application Must Be Signed):**

I HEREBY CERTIFY that all statements made herein, and on any attachments, are true and correct to the best of my knowledge.

PRINT NAME _____ STUDENT SIGNATURE _____ DATE _____
PARENT SIGNATURE _____



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Name_____

SCHOOL/WORK/COMMUNITY

(Required format) *Print additional forms if needed*

| Category | Year of Participation | | | | Organization/Year |
|--|--|-----------|--------|--------|----------------------------------|
| | <i>Place X under year of participation</i> | | | | |
| List AWARDS Received | Freshman | Sophomore | Junior | Senior | |
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| School Club Activities | Freshman | Sophomore | Junior | Senior | Position/Office Held/Year |
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| Community/Church Service Activity | Freshman | Sophomore | Junior | Senior | Position/Office Held/Year |
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DISCLAIMER: Providing you become the recipient of the scholarship, a copy of your college acceptance letter and proof of enrollment must be received before monies are released. If for any reason, you do not meet our qualifications; this scholarship is null and void.



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Name _____

How did you find out about the scholarship application?

- ☐ Teacher ☐ Student ☐ Counselor ☐ Principal ☐ Newspaper
☐ Website ☐ Church ☐ Member of AKA ☐ Other _____

APPLICANT CHECKLIST

- ☐ All questions answered completely
- ☐ Typed essay (per application guidelines) - **Based on financial need, describe how winning this scholarship would impact your future plans**
- ☐ Official high school transcript (minimum 2.5 cumulative GPA on a 4.0 scale required to apply)
- ☐ List all awards, community service, school, church activities—related activities participated in during Freshman, Sophomore, Junior and Senior years on sheet provided (required format) if more space is needed, please attach additional information to application
- ☐ High School recommendation current letter - **Must be typed and signed by school representative**
- ☐ Community recommendation current letter - **Must be typed on official letter head and signed**
- ☐ Application must be postmarked by April 9, 2023
- ☐ Parent and student must sign application

Submit complete application (reproduced copies accepted) attachments, official transcript, and letters of recommendations to:

**Alpha Kappa Alpha Sorority, Incorporated
Chi Tau Omega Chapter
Attn: Scholarship Committee
P.O. 82996
Conyers, GA 30013**

****If any items are omitted, applications will be deemed incomplete and will not be considered. ****