



Alpha Kappa Alpha Sorority, Incorporated
Lambda Omega Omega Chapter
LAMBDA OMEGA OMEGA CHAPTER
P.O. BOX 778
OAKHURST, NJ 07755
2019 Scholarship Application

Alpha Kappa Alpha Sorority, Incorporated (AKA) is an international service organization founded on the campus of Howard University in Washington, D.C., 1908. It is the oldest Greek-letter organization established by African-American college educated women. Alpha Kappa Alpha is comprised of 280,000 members in graduate and undergraduate chapters in the United States, the US Virgin Islands, the Bahamas, Canada, Japan, Korea, Germany, Liberia, South Africa, and Dubai.

CRITERIA FOR SELECTION:

Academic achievement, honors received, extracurricular activities (both school and community), oral and written communication skills, and financial need. This application is open to all residents of Ocean and Monmouth County, New Jersey.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. Submit a signed, completed application. Print clearly and be neat.
2. Submit three (3) letters of recommendation with your application. One must be from your high school guidance counselor.
3. An official high school transcript, including your SAT/ACT scores.
4. If SAT/ACT scores are not included on the transcript, a separate copy of your scores is required.
*However, those planning to attend community college (without SAT/ACT scores) are also encouraged to apply.
5. If you've already been accepted, a copy of the acceptance letter from the college/university you plan to attend, should be included.
6. A written essay stating why you feel you should be selected to receive this scholarship, the institution you will attend, how you will benefit from it, and your future aspirations. The essay should not exceed one typewritten page.
7. a wallet-sized head shot photo of the student.

***In order for your application to be considered a complete packet must be submitted.**

****All finalists will be invited to an interview with the Scholarship Committee on a date to be announced**

THE ATTACHED APPLICATION MUST BE COMPLETED FULLY AND WITH ALL OTHER MATERIALS SUBMITTED/POSTMARKED BY Saturday, March 23, 2019
(DO NOT SEND VIA CERTIFIED MAIL)

MAIL TO:
Mrs. Alisha Robinson
358 Nighthawk Lane
Jackson, NJ 08527



*Alpha Kappa Alpha Sorority, Incorporate
Lambda Omega Omega Chapter
2019 Scholarship Application*

Date _____

STUDENT NAME AND ADDRESS

Last First Middle Initial

Student Cell Telephone# _____

Street Address

City State Zip Code

Email Address

PARENTS OR GUARDIAN INFORMATION

Last First Middle Initial

Parent(s) Home and/or Cell Telephone# _____

Street Address

City State Zip Code

Parent(s) or Guardian Occupation: _____

EDUCATION HISTORY

High School Name/Location Date of Expected Graduation _____

School Phone Number Name of Guidance Counselor

Elementary/Middle School Graduation Date _____

ACADEMICS, ACTIVITIES, & FINANCIAL INFORMATION

Academic Achievements

Activities/Interests (Student Clubs/Student Government/Sports, Community Work/Volunteerism)

Are you related to a Lambda Omega Omega Chapter member? _____

If so, Who & What is the relationship? _____

Have you completed a 2019-2020 FAFSA (Free Application for Federal Student Aid)? _____

Parents' 2018 total income as reported on the FAFSA OR 2018 1040 tax return \$ _____

Age and number of siblings in the family? _____

Number of siblings attending college in 2018-2019? _____

Have you applied for other scholarships? Which ones? _____

COLLEGES YOU'VE APPLIED TO:

Name of College/University:

Have You Been Accepted (Y/N/Still waiting to hear)?

_____	_____
_____	_____
_____	_____

Which College/University is your First Choice to Attend? _____

2019-2020 yearly tuition/room/board costs \$ _____

Feel free to add any additional remarks you feel the committee should know: _____

Please read carefully:

The information provided on this application is accurate to the best of my knowledge and subject to verification by the sorority. I understand that I must truthfully answer all the questions on this application. If I do not, I may be refused consideration.

Date

Signature of Applicant

All applications must be postmarked by Saturday, March 23, 2019
Do NOT send via certified mail