



**ALPHA KAPPA ALPHA SORORITY, INCORPORATED
THETA PI OMEGA CHAPTER**

2012 SCHOLARSHIP APPLICATION

The Theta Pi Omega Chapter of Alpha Kappa Alpha Sorority Inc., annually awards scholarship assistance to students of African-American descent who are pursuing higher education. Two (2) scholarships per county are awarded to students residing in Burlington, Camden, and Gloucester Counties, New Jersey.

Only completed applications received by **March 19, 2012**, will be considered. Completed applications must contain the following six (6) items. Please use the checklist below to be sure that your application is complete.

- _____ 1. **Completed Application Form**
- _____ 2. **College or University Letter of Acceptance** (If the letter is not available at this time, it must be presented at the time of the awarding of the scholarship.)
- _____ 3. **Official High School Transcript** (To be official, it must be the original document issued by The high school, **bearing a raised school seal.**)
- _____ 4. **Two (2) Letters of Recommendations** (They must be submitted by persons other than relatives. Appropriate examples include letters from church affiliates, teachers, counselors, or community members.)
- _____ 5. **Typed Essay of 300 Words in Length** (It must be grammatically correct, neat and clear in its expression of ideas. Select the theme of your choice, highlighting your goals and accomplishments.)

Incomplete applications will not be considered; notification will not be given. **All six items listed must be placed in one (1) envelope and mailed to:**

**Alpha Kappa Alpha Sorority, Inc.
C/O Maureen Olivia Baxter
2 Manchester Court
Mansfield, New Jersey 08022-2008**

President.....Mrs. Yvette M. Sample

Any applicant, whose mother is a member of Alpha Kappa Alpha Sorority, Inc., Theta Pi Omega Chapter, is NOT eligible to apply for this scholarship.

Please use the above checklist to avoid omitting required documentation.

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2012 Scholarship Application

PLEASE TYPE OR PRINT IN INK BLUE OR BLACK INK.

PART IV - SCHOOL INFORMATION

List the names of colleges or universities where you have applied. Indicate the status of your application (Pending or Accepted).

PART V - FINANCIAL INFORMATION (Mandatory)

1. Yearly gross family income: \$ _____
2. Source of Income: (Work, Public Assistance, Social Security Benefits, Etc.) _____
3. List the number of dependents claimed by your parents on their Federal Income Tax Return. _____
4. How many of these dependents are currently enrolled in a post high school program? _____
5. On a separate sheet, describe in detail, any extenuating financial need that you want us to consider.

All information submitted for this scholarship will be considered confidential. Information will be reviewed by members of the scholarship and impartial committees.

Applicant and parent/guardian must sign below.

I understand that completing this form does not indicate that I have been selected for a scholarship, and that the information presented here is accurate.

APPLICANT SIGNATURE _____ DATE _____

I have read the information provided on this application and can verify that it is true, accurate, and complete in its presentation.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____