

**SIGMA OMICRON OMEGA CHAPTER
OF
ALPHA KAPPA ALPHA SORORITY, INCORPORATED®**

2023 Scholarship Application

Please print or type all responses.

PERSONAL INFORMATION

Name of School _____

School Awards Program Date/Time: _____

Name: _____

Address: _____

E-mail address: _____

Telephone number: _____

Name of Parent(s)/Guardian(s): _____

Telephone Number _____

ACADEMIC ACHIEVEMENTS

Weighted GPA _____ Unweighted Grade Point Average (*at least 2.5*): _____

Graduation Date: _____

ACT Score _____ or SAT Score _____

Scholastic honors or other recognition you have received: _____

SERVICE/EXTRACURRICULAR/LEADERSHIP

Community Service:

Participation in Extracurricular activities (sports, clubs, church, community etc.): _____

Leadership held in clubs or organizations: _____

FUTURE PLANS

Which College/University/Vocational School do you plan to attend? _____

Career Plans: _____

Briefly describe the reasons for this career choice: _____

ESSAY SUBMISSION

Directions: Please submit a 750 word, double-spaced, typed essay on one of the following topics (on a separate sheet).

Choose One:

Topic I Describe a mentor in your life who has made a difference in shaping your personal values. State your personal values and explain why you hold him/her as a role model.

Topic II Discuss some issue of personal, local, national, or international concern and its importance to you.

Scholarship Checklist – All items are to be submitted together.
May be submitted via hardcopy or electronic.

- ___ *Attach two (2) letters of recommendation (At least one from school personnel)*
- ___ *Attach an official copy of your high school transcript.*
- ___ *Attach a copy of your ACT or SAT score report.*
- ___ *Attach a wallet size photo to your application. (Non-returnable)*
- ___ *Must have minimum 2.5 GPA*
- ___ *Essay Submission*

To promote awareness of sorority activities and events, we are requesting permission to use your name, picture, and accomplishments in publications, technology, and/or forms of media involving our sorority.

___ *I agree to the use of my name, picture, and accomplishments in publications, technology, and/or forms of media involving our sorority.*

___ *I do not agree for my name, picture, and accomplishments to be used in publications, technology, and/or forms of media involving our sorority.*

Signature of Student _____ *Date* _____

Signature of Parent _____ *Date* _____

APPLICATIONS MUST BE POSTMARKED BY: March 18, 2023

NOTE: If this date is during your Spring Break, please make sure you have acquired your transcript prior to your school closing for Spring Break.

APPLICATIONS MAY BE EMAILED TO: **sooakascholarship@gmail.com**

(OR) APPLICATIONS MAY BE MAILED TO:

Attn:Scholarship Committee
Alpha Kappa Alpha Sorority, Inc.
Sigma Omicron Omega
P.O. Box 2702
Ft. Walton Beach, FL 32549