

### Alpha Kappa Alpha Sorority, Incorporated®

Eta Sigma Omega Chapter

# P.O. Box 264 Marianna, AR 72360 akaetasigmaomega@gmail.com

Dear High School Senior,

We are excited about your interest in applying for our 2023 Scholarship. Our organization is committed to providing service and support to deserving students in our service area. Our goal is to award scholarships to high school seniors attending Lee County and Forrest City High Schools that are planning to attend a two or four -year college/university in the Fall of 2023 as a full-time student.

The actual scholarship amount will be \$600 for the \_\_\_\_scholarships awarded by Eta Sigma Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated.

Please submit your completed application via mail by April 28, 2023 to be considered.

Eta Sigma Omega Chapter P.O. Box 264 Marianna, AR 72360

We will also accept complete applications via email at akaetasigmaomega@gmail.com by April 28, 2023.

Thank you for giving us this opportunity to be of service to you.

Best wishes, Eta Sigma Omega Chapter 2023 Scholarship Committee



## Eta Sigma Omega Chapter

## Of ALPHA KAPPA ALPHA SORORITY , INC.

# Scholarship Application

| Applicant Name:   |  |   |
|---|--|---|
| Mailing Address:  |  |   |
| City:   | State:Zip  | Code:                                       |
| Phone Number: (Home)  | (Cell)   |   |
| Email Address:  |  | Cumulative GPA:                             |
| Current High School: (Lee Cou   | ınty/Forrest City)   |   |
| Scholarship Counselor Name:   |  |   |
|   |  | # of siblings in college                    |
| Parent(s)/Guardian(s) Name: _   |  |   |
| Collogo/University you plan to a  | attend:  |   |
| Conege/Oniversity you plan to a   | attenu:  |   |
| Proposed Degree of Study:   |  |   |
| Service and sisterhood have b   | peen the cornerstone of Alpha Kappa A  | alpha Sorority, Incorporated® since 1908.   |
| <ul> <li>One (1) page (typed, double High School Activities, Clubs</li> <li>Official Transcript (must be ACT &amp; SAT Scores (preferred Two(2) letters of recommend</li> </ul> | n Alpha Kappa Alpha Sorority's rich leg<br>education, and advocacy. For additional<br>e-spaced, 12 point font, Times New Ro<br>s, Church, Community Service, Achieve<br>dated and signed by a school counselo<br>I but not required) | r) s, Coaches & Community Leaders accepted) |
| All of the documents list   | ed above must be included to be  | considered for the scholarship.             |
|   |  | Date:                                       |
| For scholarship considera   | tion, all documentation must be submit   | ted by April 28, 2023                       |
| <b>Submit Completed Application</b>   | to: Eta Sigma Omega Chapt  | ter of Alpha Kappa Alpha Sorority           |

Marianna, AR 72360

**PO Box 264** 

**Attn: Scholarship Committee** 



Alpha Kappa Alpha Sorority, Incorporated Eta Sigma Omega Chapter P.O. Box 264 Marianna, AR 72360

#### **Media Release Form**

The Eta Sigma Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated maintains a website that contains information about the chapter's service projects and programs. From time to time we may videotape, photograph, or post media about the chapters' service projects and programs.

#### Minors: Individuals under 18

For the photo(s) or video(s) of someone under the age of 18 to appear on our website we must obtain written permission from the individual. Personal information about your child is never posted nor is information indicating physical locations of your child at any given time other than the general participation information about an activity/event at a particular chapter program or service project.

#### Minors/Adults

Please sign below to allow (myself/the minor) to be a part of these good news stories about our chapter program(s) and service project(s). I give permission for (myself/my minors) photo to appear on Eta Sigma Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated website and may be accessed by the general public at any time.

| Minor's Name:                               |  |
|---|--|
| Signature of Parent/Guardian Participant: _ |  |
| Date of Signature:                          |  |