



Alpha Kappa Alpha Sorority, Incorporated
Zeta Beta Omega Chapter

2016 SCHOLARSHIP APPLICATION

Application Requirements/Information:

- ✓ Must be a graduating senior residing in Genesee County
- ✓ Complete and sign the application form (see attached)
- ✓ Initial the “**Release of Confidential Information**” section (parent/guardian must initial for minors)
- ✓ Official transcript which must include your ACT or SAT scores
- ✓ Two (2) letters of recommendation addressing character, scholastic and/or leadership abilities
 1. School personnel (e.g. teacher, counselor, coach or principal)
 2. Community member (e.g. church member, employer, mentor, scouts, auxiliaries)
- ✓ Essay question: (500 words or less)
 1. The use of Social Media, Facebook, Instagram and Twitter are the most common use of communication between today’s youth. How have these modes of communication positively and/or negatively affected relationships between your peers? Explain.
 2. 500 words or less, type, double-space, and attach to application form

Application Deadline – Must be Postmarked by March 11, 2016

Submit Information To:
Alpha Kappa Alpha Sorority, Incorporated
Zeta Beta Omega Chapter
P.O. Box 77
Flint, MI 48501

Alpha Kappa Alpha Sorority, Incorporated

Zeta Beta Omega Chapter

2016 Scholarship Application Form
Deadline: Postmarked by March 11, 2016

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

Date of Birth: _____ Age: _____ Gender: Male Female

School: _____ Graduation Date: _____

Are you a first generation college student? Y or N, if no, how many currently in college _____

Email address: _____

Complete the Following Information:

GPA: _____	ACT/SAT Score: _____
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List School Involvement/Sports Affiliations:	Positions Held:

List Community Service Activities:	Location:

List the Top 3 Colleges you've applied to:	Colleges Accepted To:

Scholarships received:

Release of Confidential Information: Alpha Kappa Alpha Sorority, Incorporated, Zeta Beta Omega Chapter has our consent to receive the academic records from the school counselor or other school representative. I confirm that the information contained in this application is correct and can be verified. (Initial _____)

Student Signature

Date

Parent/Guardian Signature

Date