



## Alpha Kappa Alpha Sorority, Inc.

Zeta Omega Chapter

Wilmington, DE

[www.zetaomegadelaware.org](http://www.zetaomegadelaware.org)

### SCHOLARSHIP APPLICATION

Please indicate the scholarship(s) that you are applying for by checking the box. Applicants may apply for more than one scholarship, based on eligibility requirements.

Zeta Omega Scholarship

- ❖ Scholarship amount: Determined annually based on the scholarship funds available
- ❖ Eligibility:
  - Must be a female high school senior
  - Must live in New Castle County, DE
  - Must have a cumulative GPA of 2.5 or better
  - Must submit an **official** transcript
  - Must submit SAT and/or ACT scores
  - Must submit two letters of recommendation (1 from a school representative and 1 from a community representative)
  - Must submit an essay describing why you wish to obtain a college education and why you are deserving of a scholarship. Please also include information detailing your community service work focused on uplifting and positively impacting the urban community. (Essay should not exceed 2 pages)

Zeta Omega Educational Memorial Scholarship

- ❖ Scholarship amount: Determined annually based on the scholarship funds available (minimum amount is \$500)
- ❖ Eligibility:
  - Open to male or female high school seniors
  - Must live in New Castle County, DE
  - Must be majoring in Education upon entering college
  - Must have a cumulative GPA of 2.5 or better
  - Must submit an **official** transcript
  - Must submit SAT and/or ACT scores
  - Must submit two letters of recommendation (1 from a school representative and 1 from a community representative)
  - Must submit an essay describing why you are majoring in education and why you are deserving of a scholarship. Please also include information detailing your community service work focused on uplifting and positively impacting the urban community. (Essay should not exceed 2 pages)

**APPLICANT INFORMATION**

NAME: \_\_\_\_\_  
                    FIRST                                    MIDDLE                                    LAST

ADDRESS: \_\_\_\_\_  
                    STREET                                    CITY                    STATE                    ZIP

DATE OF BIRTH: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**SCHOOL INFORMATION**

SENIOR HIGH SCHOOL ATTENDED: \_\_\_\_\_

                    ADDRESS: \_\_\_\_\_

                    COUNSELOR: \_\_\_\_\_

                    TELEPHONE NO: \_\_\_\_\_

DATE OF GRADUATION: \_\_\_\_\_

GPA (*unweighted*): \_\_\_\_\_ RANK IN CLASS: \_\_\_\_\_

**EXTRA-CURRICULAR ACTIVITIES**

**SCHOOL**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICE HELD**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMUNITY**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICE HELD**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WORK**

\_\_\_\_\_  
\_\_\_\_\_

**POSITION HELD**

\_\_\_\_\_  
\_\_\_\_\_

**COLLEGE INFORMATION**

NAME OF COLLEGE/UNIVERSITY THAT YOU PLAN TO ATTEND:

\_\_\_\_\_

ANTICIPATED MAJOR: \_\_\_\_\_

**FAMILY INFORMATION**

**FATHER (OR GUARDIAN)**

NAME: \_\_\_\_\_  
                    FIRST                                    MIDDLE                                    LAST

EMPLOYER: \_\_\_\_\_

**MOTHER (OR GUARDIAN)**

NAME: \_\_\_\_\_  
                    FIRST                                    MIDDLE                                    LAST

EMPLOYER: \_\_\_\_\_

**FAMILY MEMBERS THAT LIVE IN YOUR HOUSEHOLD**

	<b>NUMBER</b>	<b>GRADE(S)</b>
BROTHERS	_____	_____
SISTERS	_____	_____
PARENTS/GUARDIANS	_____	_____
OTHER (Do not count yourself)	_____	_____

**NEEDS ASSESSMENT**

**SCHOOL COSTS**

TUITION: \$ \_\_\_\_\_

ROOM & BOARD: \_\_\_\_\_

TRANSPORTATION: \_\_\_\_\_

BOOKS: \_\_\_\_\_

FEES: \_\_\_\_\_

OTHER (SPECIFY): \_\_\_\_\_  
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TOTAL COSTS: \_\_\_\_\_

**ANTICIPATED INCOME**

SCHOLARSHIPS RECEIVED: \$ \_\_\_\_\_

SCHOLARSHIPS APPLIED FOR: \$ \_\_\_\_\_

OTHER (SPECIFY): \_\_\_\_\_

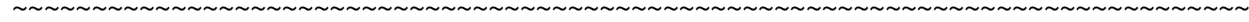
STUDENT CONTRIBUTION: \_\_\_\_\_

TOTAL INCOME: \_\_\_\_\_

I certify that the information cited herein, which I authorize the AKA Sorority, Inc. Zeta Omega Chapter to verify, is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Parent/Guardian Date



**Please ensure the following items are mailed with this scholarship application:**

- Official** high school transcript with **unweighted** GPA  
*(if unweighted GPA is not included on the transcript, please include a letter from your guidance counselor stating your unweighted GPA)*
- Essay
- Two recommendation letters *(1 from a school representative and 1 from a community representative)*
- SAT and/or ACT scores

**All applications must be postmarked by March 26, 2022 and mailed to:**

**AKA Sorority, Inc.  
Zeta Omega Chapter  
Attn: Scholarship Committee  
P.O. Box 8092  
Wilmington, DE 19803**