



**ALPHA KAPPA ALPHA SORORITY, INCORPORATED
BETA PI OMEGA CHAPTER
AND
THE IVY FOUNDATION OF LITTLE ROCK**

To: Graduating Senior High School **Young Men**
From: Scholarship Committee
Alpha Kappa Alpha, Sorority, Incorporated
Beta Pi Omega Chapter and The Ivy Foundation of Little Rock
Date: December 1, 2017
Subject: Two-\$1,000.00 Scholarships

Alpha Kappa Alpha Sorority, Incorporated, Beta Pi Omega Chapter and The Ivy Foundation of Little Rock, in keeping with our philosophy of providing service to all mankind, are awarding two (2) \$1,000 scholarships to graduating high school African-American **young men** who will attend a four-year college or university. The applicant must have:

- a cumulative grade point average of 2.5 (no rounding) or better
- documented participation in community service
- a need for financial assistance
- a letter of recommendation from a school official—Principal, Counselor, Dean, Teacher

The \$1000.00 scholarship will be awarded based on the previously listed criteria. **All chosen finalists MUST attend a mandatory interview session on Saturday, February 17, 2018. In case of inclement weather, interviews will take place on Saturday, February 24, 2018.** Our scholarship award program is scheduled for **Sunday, April 22, 2018. Scholarship finalists MUST attend the program. Applications must be received or postmarked by midnight on **January 31, 2018.** Please forward all material to:**

Alpha Kappa Alpha Sorority, Incorporated
Beta Pi Omega Chapter
c/o Mrs. Natalie Rhodes-Warren
8609 Breakwater Court
Sherwood, AR 72120-4371

Please contact Mrs. Rhodes-Warren at (501) 835-1319 if you have any questions.

Scholarship Application
Alpha Kappa Alpha Sorority, Incorporated
Beta Pi Omega Chapter
And
The Ivy Foundation of Little Rock

Name _____ High School _____
Address _____ Telephone _____
City/State _____ Zip Code _____
E-Mail _____

Grade Point Average _____

With whom do you live? (State both parents, one parent, grandparent, etc.)

Number of children in home depending on family income _____

Please list names and ages:

Number of children currently enrolled in an Institution of Higher Learning _____

Parents

Father _____ Father's Annual Income _____

Address _____ City/State/Zip _____

Telephone _____ Email _____

Where employed _____

Occupation _____

Mother _____ Mother's Annual Income _____

Address _____ City/State/Zip _____

Telephone _____ Email _____

Where employed _____

Occupation _____

Does each parent listed above contribute financially to your support? _____

If not, please state what source provides your support _____

College Choice

1. _____ 2. _____

3. _____ 4. _____

Have you been accepted by a college? _____ If yes, list the name and location of the school (s).

Intended Major _____

Have you been awarded any grants, scholarships or other forms of financial aid? If yes, please list the name and amount of each. _____

Why are you applying for this scholarship? _____

The following support documents are also required:

- Submit the three (3) community service project form which serves as **documentation of community service efforts**
- Attach an *official transcript* from your high school that contains a **raised seal, in a sealed envelope**.
- Submit **one letter** of recommendation from a **school official on letterhead with a signature and contact number(s)**.
- Attach a recent photo to your application. Paper copy photo will not be accepted.

NOTE: If your grandmother, mother, aunt, sister, or legal guardian is an active or inactive member of the Alpha Kappa Alpha Sorority, Incorporated, you are **not** eligible to apply for this scholarship.

Please indicate if any of the following members of your family is a member of Alpha Kappa Alpha Sorority, Incorporated:

Grandmother Mother Aunt Sister Legal Guardian

THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY AND ALL SUPPORTING DOCUMENTS MUST ACCOMPANY THIS APPLICATION IN ORDER TO BE ELIGIBLE FOR THE SCHOLARSHIP.

- The **deadline** for *submitting* applications, and for the application to be received or postmarked on JANUARY 31, 2018, at 12:00 MIDNIGHT.
- Please be advised that interviews for Scholarship Finalists will be held **Saturday, February 17, 2018**. In case of inclement weather, interviews will take place on **Saturday, February 24, 2018**. Candidates are REQUIRED to attend the interview process in order to be considered.
- *If you are chosen as a finalist, YOUR ATTENDANCE AT THE SCHOLARSHIP PROGRAM ON SUNDAY, APRIL 22, 2018, IS REQUIRED.*

CERTIFICATION

I certify that the information contained in this application is true and correct to the best of my knowledge. I understand that if I provide inaccurate or false information, doing so may disqualify me from consideration for a scholarship with the Beta Pi Omega Chapter of the Alpha Kappa Alpha Sorority, Incorporated and The Ivy Foundation of Little Rock.

Printed Name

Signature

Date



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COMMUNITY SERVICE PROJECT DOCUMENTATION 1

Title of Community Service Activity or Program

Location of Community Service _____

Date of Community Service _____ Approximate Hours Completed _____

Goal of Community Service Activity/Program:

Population Served (check all that apply):

Youth _____ Adults _____ Seniors _____ College Students _____ Other (Please Specify) _____

Describe your specific involvement:

Did you meet the goal of the activity/program? Please explain.

By signing this form, I verify that all of the information I have provided is true and correct.

Signature of Candidate

Date

Name of Supervisor (Please print) _____

Supervisor's Title _____

Supervisor's Email Address _____ Telephone _____

Signature of Supervisor

Date



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COMMUNITY SERVICE PROJECT DOCUMENTATION 2

_____ **Title of Community Service Activity or Program**

Location of Community Service _____

Date of Community Service _____ Approximate Hours Completed _____

Goal of Community Service Activity/Program:

Population Served (check all that apply):

Youth _____ Adults _____ Seniors _____ College Students _____ Other (Please Specify) _____

Describe your specific involvement:

Did you meet the goal of the activity/program? Please explain.

By signing this form, I verify that all of the information I have provided is true and correct.

Signature of Candidate

Date

Name of Supervisor (Please print) _____

Supervisor's Title _____

Supervisor's Email Address _____ Telephone _____

Signature of Supervisor

Date



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COMMUNITY SERVICE PROJECT DOCUMENTATION 3

Title of Community Service Activity or Program

Location of Community Service _____

Date of Community Service _____ Approximate Hours Completed _____

Goal of Community Service Activity/Program:

Population Served (check all that apply):

Youth _____ Adults _____ Seniors _____ College Students _____ Other (Please Specify) _____

Describe your specific involvement:

Did you meet the goal of the activity/program? Please explain.

By signing this form, I verify that all of the information I have provided is true and correct.

Signature of Candidate

Date

Name of Supervisor (Please print) _____

Supervisor's Title _____

Supervisor's Email Address _____ Telephone _____

Signature of Supervisor

Date

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CHECK SHEET

NOTE: This document is intended for the applicant to use as a checklist. It is not required for use but suggested, as this document is intended to help ensure that all requirements are met. If all requirements are not determined as met, the packet submitted will not be considered for a scholarship.

Cumulative Grade Point Average of 2.5 or better (no rounding)	_____	_____	_____
Completed application	_____	_____	_____
Documentation of Community Service Efforts (Form 1)	_____	_____	_____
Documentation of Community Service Efforts (Form 2)	_____	_____	_____
Documentation of Community Service Efforts (Form 3)	_____	_____	_____
Official transcript with raised seal	_____	_____	_____
Recent Photo (Paper copy photo <u>will not</u> be accepted)	_____	_____	_____
1 letter of recommendation from school official on letterhead with contact number(s).	_____	_____	_____
Receipt by deadline	_____	_____	_____

