

**ALPHA KAPPA ALPHA SORORITY, INC.  
 GAMMA OMEGA CHAPTER  
 ST. LOUIS, MO  
 2010 SCHOLARSHIP APPLICATION**

Applications must be postmarked by **Monday, March 15, 2010**. Mail completed application to  
 Attn: Scholarship Committee  
 c/o Gamma Omega Chapter  
 Alpha Kappa Alpha Sorority, Inc.  
 PO Box 170042  
 St. Louis, MO 63117

<b>APPLICANT INFORMATION</b>			
Last Name	First	M.I.	DOB
Street Address		Apartment/Unit #	
City	State/ ZIP	Phone	
Alternate Phone	E-mail Address		

<b>EDUCATION</b>			
Please submit an <b>official transcript</b> along with your application or have it sent to the above address			
High School	Address		
GPA	Graduation Date	ACT Score	

<b>REFERENCES</b>	
This application must be accompanied by two letters of recommendation from <b>high school faculty members</b> who have knowledge of your ability to successfully complete a college program.	
Name	Position
Name	Position

<b>HONORS AND EXTRA-CURRICULAR ACTIVITIES (INCLUDING SCHOOL, COMMUNITY, CHURCH, ETC.) ATTACH ADDITIONAL SHEET IF NECESSARY</b>

<b>ESSAY (PLEASE ATTACH ADDITIONAL WORD DOCUMENT) WRITE AND SUBMIT AN ESSAY OF AT LEAST 200 WORDS ON ONE OF THE FOLLOWING TOPICS.</b>
1. The nation's economy continues to be a challenge. What affect if any will it have on the accomplishment of your future goals?
2. Why do you think its important to give back to your community and how would you plan to do so?
3. What impact will a college degree have on your future goals?

**EMPLOYMENT (MOST RECENT POSITION)**

Company	Job Title
Address	Dates Employed

**FAMILY INCOME AND EXPENSES**

Parent(s)/Legal Guardian(s):		
Address(es)	City/State/Zip	
No. in Household	No. Attending College	
Head of Household	Annual Salary	Position

**ADDITIONAL ASSISTANCE**

List other scholarships/aid applied or received and amounts	

**COLLEGE/UNIVERSITY (ATTACH COPY OF ACCEPTANCE LETTER IF RECEIVED)**

1 <sup>st</sup> choice	Location
2 <sup>nd</sup> choice	Location
3 <sup>rd</sup> choice	Location
Anticipated Major/ Career Objective	

**DISCLAIMER AND SIGNATURE**

I understand that I am required to submit an official transcript of my grades, two letters of recommendation, and an original essay on or before the deadline date of Monday, March 15, 2010 in order to complete my application for the scholarship. Failure to meet any or all of the above requirements automatically disqualifies me as a candidate. I have read the instructions carefully and understand that the information contained in this application is confidential.

Signature	Date
-----------	------

**SORORITY USE ONLY**

Application/Essay Received
Letters of Recommendation Received
Transcript Received
Date File Completed