ALPHA KAPPA ALPHA SORORITY, INC. ® MU RHO OMEGA CHAPTER BELLE GLADE, FL

2024 SCHOLARSHIP APPLICATION



Mandatory Eligibility Requirements

- Graduating High School Senior attending: Crossroads Academy, Glades Central, Glades Day, Pahokee, Everglades Preparatory Academy, The Shepherd's School, Clewiston High School. or serves as a current member of The Twenty Pearls of Mu Rho Omega.
- Minimum Cumulative GPA of 2.5 or Higher
- Plans to pursue a Degree at an accredited U.S. Post-Secondary Institution

Application Package Requirements

- Typed Application (Complete all fields)
- Photograph (3 x 5 inches)
- Official Transcript (Sealed Envelope)
- Essay (Guidelines on pg. 4)
- Three (3) Reference Letters: (2) School Staff Members & (1) Community/Church Org. (no family)

Complete Application Package must be received by Monday, April 1, 2024.

Mail to: Scholarship Committee Chairman Alpha Kappa Alpha Sorority, Inc. Mu Rho Omega Chapter P.O. Box 1258

Belle Glade, FL 33430



Alpha Kappa Alpha Sorority, Incorporated Mu Rho Omega Chapter

PERSONAL INFORMATION

Name: Last	First	Middle
Address:		
City & Zip Code:		
Phone: Home:	Cell:	
School & Personal E-mai	l addresses: Revi	ew often for all future correspondence.
Father's Name		_ Occupation
Mother's Name		Occupation
Education and Communit	y Involvement	
Name of High School		
Name of Guidance Counse	elor	
Number of students in your	graduating class _	Your class rank
Grade Point Average		Honors point Average
ACT results		Date of test
SAT results		Date of test
List any academic honors o		nave received:



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List your school related extracurricular activities:		
List your community service activities:		
List any positions of leadership you hold or have held:		
Are you an active Twenty Pearl? Yes No How long?		
Is anyone in your immediate family (Grandmother, Mother, and/or Sister) a member of Alpha Kappa Alpha? If so, please list their names.		
To what colleges and/or universities have you made application?		
List all colleges and/or universities that you have received a letter of acceptance from?		



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FINANCIAL INFORMATION

Notate any personal or family financial situation that you believe merits consideration.		
	ESSAY	
scholarship will support efforts t	00 words). Include your name and detail how this to achieve your future objectives. Share college/ r of study, in addition to, educational and career goals.	
Attach	your essay to this application.	
	larger than 3"X5") and three (3) letters of reference are ation. * Two (2) lettersfrom faculty members at your a community/church affiliate.	
Application mus	st be <u>received</u> by: Monday, April 1, 2024	
and location; not later than Apri	view will be notified via email of their assigned, date, time I 15, 2024. Please forward all questions and/or concerns 1908@yahoo.com or (561)985-3977.	
Mail completed application to:	Scholarship Committee Chairman Alpha Kappa Alpha Sorority, Inc. Mu Rho Omega Chapter P.O. Box 1258 Belle Glade, FL 33430	
Signature of Applicant:		
Signature of Parent:		