

FAMILY INFORMATION

Mother's Name _____

Mailing Address _____

Daytime Telephone _____ Evening Telephone _____

Occupation _____ Company _____

Father's Name _____

Mailing Address _____

Daytime Telephone _____ Evening Telephone _____

Occupation _____ Company _____

WORK/INTERNSHIP EXPERIENCE

List any jobs, including summer employment you have held during your high school years. Please include dates.

How did you hear about the Theta Epsilon Omega Scholarship?

- Guidance Counselor Teacher Principal Family Member/Friend
 Member of Theta Epsilon Omega Chapter Browsing www.akanewhaven.org Other

If Other, please briefly explain _____

Alpha Kappa Alpha Sorority, Inc. Theta Epsilon Omega Chapter

Serving Greater New Haven since 1965



Scholarship Application

2017

Khalilah L. Brown-Dean, President
P.O. Box 8298
New Haven, CT 06530

www.akanewhaven.org

Visit www.akaef.org for other scholarship opportunities from Alpha Kappa Alpha Sorority, Inc.

ATTENTION
GRADUATING CLASS
OF 2017

ALPHA KAPPA ALPHA SORORITY, INC.
THETA EPSILON OMEGA CHAPTER
2017 Scholarship Application

Alpha Kappa Alpha Sorority, Inc., Theta Epsilon Omega Chapter is offering a four-year scholarship up to \$4,000.00 to a graduating senior in the top third of his or her class. The applicant must verify acceptance to and attendance at an accredited post-secondary school or college. The applicant must reside in Greater New Haven.

Students applying must submit the following postmarked by April 12, 2017:

1. Completed application.
2. An official transcript with ACT or SAT scores. Transcripts must have an affixed seal and signature.
3. A letter of recommendation from your guidance counselor and a teacher of an academic subject. Letters must be signed and dated.
4. A typewritten, autobiographical essay. Essay shall be a minimum of 500 words and a maximum of two (2) pages.
5. Double-spaced; MLA style

The entire application packet should be checked by your guidance counselor.

Applicant must forward the complete application packet to:

Alpha Kappa Alpha Sorority, Inc.
Theta Epsilon Omega Chapter
Attention: Scholarship Chairman
P.O. Box 8298
New Haven, CT 06530

The selected applicant will be notified by
May 12, 2017.

Address all questions to
scholarship@akanewhaven.org

For more information about our scholarship program or to download a fillable application form, visit www.akanewhaven.org/scholarship.

HIGH SCHOOL INFORMATION

High School _____ City _____

Guidance Counselor _____

PERSONAL INFORMATION

Full Name _____

Mailing Address _____

Telephone _____ E-mail Address _____

Birth Date _____ Gender Male Female

Describe any scholastic distinctions, honors or awards you have received beginning with the ninth grade. Please include dates. You may use a separate sheet, if necessary.

List your extracurricular activities and hobbies, including church, community and volunteer services. Please include dates. You may use a separate sheet, if necessary.