

Alpha Kappa Alpha Sorority, Inc
ZETA OMEGA CHAPTER
Wilmington, DE

SCHOLARSHIP APPLICATION



The Pearls of Hope Foundation, Inc.
Charitable Arm of Zeta Omega Chapter

www.zetaomegachapter.org

Alpha Kappa Alpha Sorority

Zeta Omega Chapter
Wilmington, Delaware

SCHOLARSHIP APPLICATION

DATE: _____

NAME: _____

FIRST

MIDDLE

LAST

ADDRESS: _____

STREET

CITY

STATE

ZIP CODE

DATE OF BIRTH: _____

TELEPHONE NUMBER: _____

SENIOR HIGH SCHOOL ATTENDED: _____

ADDRESS: _____

TELEPHONE NO: _____

COUNSELOR: _____

DATE OF GRADUATION: _____

GPA(unweighted): _____ RANK IN CLASS: _____

SAT SCORES:

V _____ M _____ DATE TAKEN _____

V _____ M _____ DATE TAKEN _____

ACT SCORES: _____

EXTRA-CURRICULAR ACTIVITIES:

SCHOOL

OFFICE HELD

COMMUNITY

NAME & ADDRESS OF THE COLLEGES/UNIVERSITIES TO WHICH YOU
HAVE BEEN ACCEPTED:

NAME OF COLLEGE/UNIVERSITY THAT YOU PLAN TO ATTEND:

FAMILY MEMBERS:

NUMBER

GRADE(S)

BROTHERS

SISTERS

PARENTS

GUARDIAN

OTHER:

(DO NOT COUNT YOURSELF)

FATHER (OR GUARDIAN)

NAME: _____
FIRST MIDDLE LAST

EMPLOYER: _____

MOTHER (OR GUARDIAN)

NAME: _____
FIRST MIDDLE LAST

EMPLOYER: _____

Assessment of Needs:

Anticipated Income:

Tuition \$ _____

Scholarships \$ _____

Room & Board _____

Received _____

Transportation _____

Applied for _____

Books _____

Other (specify) _____

Fees _____

Student Contribution _____

Other (Specify) _____

TOTAL COST _____

TOTAL INCOME: _____

Attach an essay of 750 words or less detailing your community service work focused on uplifting and positively impacting the urban community. Also submit 2 recommendations – 1 from a school representative and 1 from a community representative.

You must attach an official (unweighted) transcript along with SAT and/or ACT scores

I certify that the information cited herein, and which I authorize you to verify is true and correct to the best of my knowledge.

Signature of Applicant Date

Signature of Parent/Guardian Date