



Alpha Kappa Alpha Sorority, Incorporated

ZETA OMEGA OMEGA CHAPTER

2023 Scholarship Information

The Zeta Omega Omega Chapter of Alpha Kappa Alpha Sorority, Scholarship Committee will award scholarships to African American students from high schools in Pierce County and other selected areas in King, Kitsap, and Thurston Counties. The scholarships will range from five hundred to four thousand dollars (\$500 to \$4,000).

Access application at zooaka.org
(Click on Scholarship Application)

The completed application must be emailed to cocnn@aol.com.

Please **type all portions** of the application except where signatures are required. Exception, typed signatures are allowed in the "Photo Contest" section. If the application is not typed, it may cause the applicant to be ineligible.

To be eligible for consideration, applicants must submit all required documents to the email address (cocnn@aol.com) no later than **March 20, 2023**.

If applicant wishes to share copies of awards or other pertinent items with the committee, please mail them to:

**Alpha Kappa Alpha Sorority, Incorporated
Zeta Omega Omega Chapter
Scholarship Committee
P.O. Box 11072
Tacoma, WA 98411-1072**

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Alpha Kappa Alpha Scholarship - 2023

QUALIFICATIONS

Each applicant must be:

1. An African American student.
2. A citizen of the United States.
3. Graduating high-school senior this current year, with an earned G.P.A. of 2.7 or higher.
4. Planning to attend an accredited university, college, or technical institution.

REQUIREMENTS

Each applicant must email to cocnn@aol.com the items below by Monday, March 20, 2023:

1. In the Application for Scholarship Award section: school activities, community activities, organizations, awards certificates or special recognition, future and educational/career goals.
2. Three (3) letters of recommendation from teachers, school counselors/administrators, employers, other adults in the community (exclusive of family members).
3. A copy of your **final transcript**.

EVALUATION CRITERIA

Each applicant is evaluated on:

1. Quality of transcript
2. Degree of involvement in school activities
3. Extent of involvement in community activities
4. Quality of the essay
5. Content of letters of recommendation

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APPLICATION FOR SCHOLARSHIP AWARD

Name _____ **Birth Date** ____/____/____
First Middle Last

Ethnicity _____ **Male** ____ **Female** ____ **U. S. Citizen: Yes** ____ **No** ____

Address _____ **City** _____ **State** ____ **Zip** _____

Phone: Home _____ **Cell** _____ **E-mail Address** _____

Father/Guardian _____ **Mother/Guardian** _____

Phone: _____ **Phone:** _____

Number of other siblings presently attending college/university: _____

High School _____ **Graduation Date** _____

Attending College/University _____ **Area of study** _____

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You may use additional paper to complete the items below.

- 1. List school activities in which you have been involved.**

- 2. List your involvement with community activities/organizations.**

- 3. List awards, certificates, and special recognition you received for accomplishments.**

- 4. Briefly discuss your educational and career goals.**

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Applicant Essay

Compose a typed essay of no less than 500 words on the following topic:

Financial knowledge is essential to understand how the monetary system shapes society. What are some practices that would encourage African American youth to develop a mindset for saving, investing, and entrepreneurship?

I _____ pledge that all the information I sent as designated is accurate.

Photograph Consent Form

Members of Zeta Omega Omega Chapter of the Alpha Kappa Alpha Sorority, Incorporated request permission for the scholarship applicant **to email us a copy of a graduation photo or other appropriate one** so that we can extend congratulations on our website; feature it in our video-program presentation for a fundraising event, and share it in our Ivy Leaf national magazine to highlight the caliber of students who receive our scholarship awards.

All typed signatures attest as official signatures of the student, parent, or guardian.

Student Name _____ Date _____
First Middle Last

Parent/Guardian _____ Date _____
First Middle Last

Applicant Signature _____ Date _____



In gratitude:

On behalf of the members of Zeta Omega Omega Chapter of the Alpha Kappa Alpha Sorority, Incorporated, the Scholarship Committee appreciates you for participating in the application process.