



**Alpha Kappa Alpha Sorority, Incorporated**

**ZETA OMEGA OMEGA CHAPTER**

**2021 Scholarship Information**

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

**Access application at [www.zooaka.org](http://www.zooaka.org)**

**The completed application must be emailed to [cocnn@aol.com](mailto:cocnn@aol.com).**

The **application** must be **typed**. If any part of the application is **not** complete, the applicant may be disqualified.

To be eligible for consideration, applicants must submit all required documents to the email address ([cocnn@aol.com](mailto:cocnn@aol.com)) no later than **Monday, April 5, 2021**.

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

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

**Alpha Kappa Alpha Sorority, Incorporated**  
**ZETA OMEGA OMEGA CHAPTER**

**Alpha Kappa Alpha Scholarship-2021**

**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](mailto:cocnn@aol.com) the items below by April 5, 2021:**

1. A completed copy of the APPLICANT'S PERSONAL INFORMATION FORM containing statements about his/her involvement in school activities; participation in community activities and organizations; receipt of any awards certificates or special recognition and future educational/career goals, and the essay of approximately **500** words.
2. Three (3) letters of recommendation from teachers, school counselors/administrators, employers, other adults in the community (exclusive of family members)
3. **Note:** A copy of your sealed-official transcript must be **emailed by the school's registrar.**

**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 recommendations

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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.**

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

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

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

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# Alpha Kappa Alpha Sorority, Incorporated

## ZETA OMEGA OMEGA CHAPTER

### Applicant Essay

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

*Are Historically Black Colleges and Universities (HBCUs) important to the black community and the United States' system of higher education? If so, why? If not, why not?*

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 request permission for the scholarship applicant to email a copy of his/her graduation or other appropriate photograph so that we can extend congratulations on our website, use it in our video-program presentation during the fundraising event, and in our *Ivy Leaf* national magazine as part of an article to highlight the caliber of students that apply and receive awards for our scholarship.

**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, the Scholarship Committee appreciates you for participating in the application process.