

Alpha Kappa Alpha Sorority, Inc.

Zeta Omega Chapter Wilmington, DE

www.zetaomegadelaware.org

SCHOLARSHIP APPLICATION

Please indicate the scholarship(s) that you are applying for by checking the box. Applicants may apply for more than one scholarship, based on eligibility requirements.

Zeta Omega Scholarship

- Scholarship amount: Determined annually based on the scholarship funds available
- **&** Eligibility:
 - Must be a female high school senior
 - Must live in New Castle County, DE
 - Must have a cumulative GPA of 2.5 or better
 - Must submit an **official** transcript
 - Must submit SAT and/or ACT scores
 - Must submit two letters of recommendation (1 from a school representative and 1 from a community representative)
 - Must submit an essay describing why you wish to obtain a college education and why you are
 deserving of a scholarship. Please also include information detailing your community service
 work focused on uplifting and positively impacting the urban community. (Essay should not
 exceed 2 pages)

Zeta Omega Educational Memorial Scholarship

- Scholarship amount: Determined annually based on the scholarship funds available (minimum amount is \$500)
- **&** Eligibility:
 - Must be a female high school senior
 - Must live in New Castle County, DE
 - Must be majoring in Education upon entering college
 - Must have a cumulative GPA of 2.5 or better
 - Must submit an official transcript
 - Must submit SAT and/or ACT scores
 - Must submit two letters of recommendation (1 from a school representative and 1 from a community representative)
 - Must submit an essay describing why you are majoring in education and why you are
 deserving of a scholarship. Please also include information detailing your community service
 work focused on uplifting and positively impacting the urban community. (Essay should not
 exceed 2 pages)

APPLICANT INFORMATION				
NAME:FIRST	MIDDLE	LAST		
ADDRESS:STREET	CITY	STATE	ZIP	
DATE OF BIRTH:	TELEPHONE NUMBER:			
EMAIL ADDRESS:				
SCHOOL INFORMATION				
SENIOR HIGH SCHOOL ATTEN	NDED:			
ADDRESS:				
COUNSELOR:				
TELEPHON	E NO:			
DATE OF GRADUATION:				
GPA (unweighted):	RANK IN CLASS:			
EXTRA-CURRICULAR ACTIV	VITIES			
COMMUNITY		OFFICE HELI)	
WORK		POSITION HE	ELD	

COLLEGE INFORMATION				
NAME OF COLLEGE/UNIVERSITY THAT YOU PLAN TO ATTEND:				
ANTICIPATED MAJOR:				
FAMILY INFORMATION				
FATHER (OR GUARDIAN)				
NAME:				
FIRST	MIDDLE	LAST		
EMPLOYER:				
MOTHER (OR GUARDIAN)				
NAME:				
FIRST	MIDDLE	LAST		
EMPLOYER:				
FAMILY MEMBERS THAT LIVE IN YOUR HOUSEHOLD				
	NUMBER	GRADE(S)		
BROTHERS				
SISTERS				
PARENTS/GUARDIANS				
OTHER (Do not count yourself)				

NEEDS ASSESSMENT			
SCHOOL COSTS	ANTICIPATED INCOME		
TUITION: \$	SCHOLARSHIPS RECEIVED: \$		
ROOM & BOARD:	SCHOLARSHIPS APPLIED FOR: \$		
TRANSPORTATION:	OTHER (SPECIFY):		
BOOKS:	STUDENT CONTRIBUTION:		
FEES:			
OTHER (SPECIFY):			
TOTAL COSTS:	TOTAL INCOME:		
I certify that the information cited herein, which I authorize the AKA Sorority, Inc. Zeta Omega Chapter to verify, is true and correct to the best of my knowledge.			
Signature of Applicant	Date		
Signature of Parent/Guardian	Date		
Please ensure the following items are mailed with this scholarship application: Official high school transcript with unweighted GPA (if unweighted GPA is not included on the transcript, please include a letter from your guidance counselor stating your unweighted GPA)			
☐ Essay			
☐ Two recommendation letters (1 from a school representative and 1 from a community representative)			
☐ SAT and/or ACT scores			

All applications must be postmarked by February 28, 2021 and mailed to:

AKA Sorority, Inc. Zeta Omega Chapter Attn: Scholarship Committee P.O. Box 8092 Wilmington, DE 19803