

FAMILY INFORMATION

Parent/Guardian Name(s)

Mailing Address

Daytime Telephone

Evening Telephone

E-mail Address

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

2019

Shenae Draughn, 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 2019**

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 11, 2019:

1. Completed application.
2. An official transcript with ACT or SAT scores. Transcripts must have an affixed seal and signature.
3. Two letters of recommendation from:
 - a. Your guidance counselor and a teacher of an academic subject **OR**
 - b. Two teachers of an academic subject.

All letters must be signed and dated.
4. A typewritten, double-spaced, and MLA style autobiographical essay. Essay shall be a minimum of 500 words and a maximum of two (2) pages.

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

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 13, 2019.**

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.

**ALPHA KAPPA ALPHA SORORITY, INCORPORATED®
THETA EPSILON OMEGA CHAPTER**

2019 Scholarship Application

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.