



**Alpha Kappa Alpha Sorority, Incorporated®
Zeta Xi Omega Chapter**

March 2, 2021

Dear High School Guidance Counselor,

Alpha Kappa Alpha Sorority, Inc. was organized on the campus of Howard University in Washington D.C., during the 1907-1908 academic school year making it the oldest Greek-letter organization established in America by women of color. The purpose of Alpha Kappa Alpha Sorority, Incorporated® is to cultivate and encourage high scholastic and ethical standards, to promote unity and friendship among college women, to study and help alleviate problems concerning girls and women in order to improve their social stature, to maintain a progressive interest in college life, and to be of service to all mankind.

This year Zeta Xi Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated® will present fifteen (15) scholarships for \$1,000.00 per scholarship to deserving high school seniors in the Richmond County School System. Scholarships are awarded to students who meet the qualification criteria shown to include financial need and academic achievement. Any student who attends a high school in the Richmond County School System may apply.

Students should complete the entire application packet following all directions. Strict attention should be given to the date for the deadline for submitting the application. It is the responsibility of the students to compile all of the information in the packet and send it to the appropriate address. Students must make certain that the letters from the counselor and the letters of recommendation are sealed and signed across the seal.

Students selected to receive the scholarship will be notified by letter. Students will be required to provide a student identification number, an official verification of enrollment, and a class schedule in order to receive the scholarship. Upon receipt of documentation, a check will be mailed directly to the student's address.

If you need additional copies, feel free to photocopy the application. All essays become the property of Zeta Xi Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated®.

Sincerely,

Letitia Tyce
President, Zeta Xi Omega Chapter

Anna Reid
Scholarship Committee Chairman, Zeta Xi Omega Chapter



ALPHA KAPPA ALPHA SORORITY, INCORPORATED®
ZETA XI OMEGA CHAPTER
Scholarship Committee
PO Box 1455
Augusta, Georgia 30903

SCHOLARSHIP AWARD
Instructions for the Applicant

1. Complete the one-page application.
2. Secure **"two (2) letters of recommendations"** from a teacher, administrator, and/or community leader who can validate your credentials. These letters must be included in the packet.
3. Develop an autobiographical sketch/essay (not to exceed two typed written doubled spaced pages with 12 point Times New Roman font) that includes:
 - a. Academic achievement
 - b. Explain financial need
 - c. Leadership qualities
 - d. Recognitions and awards
 - e. Extracurricular activities (school and/or community)
4. Ask your senior counselor to complete and provide the information listed on the Counselor's Form.
5. The student should collect the following information and place in a sealed envelope.

- Completed Scholarship Application Form
- Essay
- Two (2) Letters of Recommendations
- Counselor's Form

Mail To:

Ms. Anna Reid, Scholarship Chairman
PO BOX 1455
Augusta, GA 30903

Deadline:

Application Must be Postmarked by March 31, 2021
(Only completed packets will be considered)



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SCHOLARSHIP APPLICATION FORM

FORM TO BE COMPLETED BY THE APPLICANT

Please print or type.

Name of Applicant _____

Address _____

Telephone () _____ Date of Birth _____

Name of Parent(s) or Guardian _____

Name of High School Attending _____

Number of Siblings in school: K-5____; 6-8____; 9-12____; College _____

Do you have any family members who are affiliated with Alpha Kappa Alpha Sorority,

Incorporated? _____

How did you become aware of this scholarship opportunity?

List college(s) of interest:

What is your ultimate career goal?

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COUNSELOR'S FORM

FORM TO BE COMPLETED BY THE COUNSELOR

Please print or type form.

Student's Name _____

High School _____

- Academic Average: Greater than or equal to 2.5 (in a 4.0 grading scale) _____
- Rank in class _____ of _____
Ranked Total class
- Standardized test scores SAT: _____ (Verbal) _____ (Math) _____ Writing _____ Total _____
ACT: _____
- Met all Graduation requirements: _____ YES _____ NO

Comments:

Counselor's Signature _____ Date _____

Please place this form in an envelope, sign across the sealed portion of the envelope, and return it to the candidate. Any recommendations not submitted properly will be discarded.

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