

Alpha Kappa Alpha Sorority, Incorporated

Xi Psi Omega Chapter

Scholarship Application

Complete this form and SUBMIT it along with your scholarship folder/portfolio by **March 30th**.

Note: Scholarship folders will not be returned.

STUDENT INFORMATION:

Name: _____

Address: _____

Home Phone No.: _____ Soc. Sec. No.: _____

Name(s) of Parent(s)/Guardians: _____

Occupation of Father: _____

Employer: _____

Occupation of Mother: _____

Employer: _____

Is parent active or retired military? _____ Branch of Service: _____

Number of brothers and sisters currently attending college/vocational school: _____

Number of younger brothers and sisters: _____

School Choices: (Should match schools listed on the budget sheet)

Proposed majors or areas of study in school:

Career goals:

Cumulative GPA: _____

Class Rank: _____

I certify that all of the information included in this packet is factual and true. Any information that has been falsified or misrepresented may result in the withdrawal of recommendation and forfeiture of scholarships or awards.

Student Signature

Date

Parent /Guardian Signature

Date