



ALPHA KAPPA ALPHA SORORITY, INCORPORATED

BETA OMEGA

February 1, 2018

Dear High School Counselor:

Alpha Kappa Alpha Sorority, Incorporated is the nation's oldest historically African-American Sorority. It was founded in 1908 on the campus of Howard University in Washington, D.C., by and for college educated women. AKA has grown into a force of more than 290,000 collegiate members and alumnae, constituting 1,007 chapters in 42 states, the District of Columbia, the US Virgin Islands, the Bahamas, Germany, Liberia, South Korea, Japan, Canada, South Africa and the Middle East. The Beta Omega Chapter in Kansas City, Missouri has been in existence since 1920. One of the primary targets of Alpha Kappa Alpha Sorority, Inc. is education.

Beta Omega Chapter has awarded more than 1,000 scholarships to high school and college students. The Beta Omega Chapter will award scholarships to African-American seniors graduating from high school. All awards will be based on academic achievement, community service, school involvement, extracurricular activities and financial need. A portion of our scholarships will be earmarked for high school seniors with average grades and test scores that exhibit other exceptional characteristics.

For consideration, the following items must be submitted by Monday, April 9, 2018.

- 1. Completed Scholarship Application**
- 2. Essay (one-two pages, double spaced)**
- 3. Counselor's Certification (sealed and stamped)**
- 4. Official Sealed and Stamped Transcript**
- 5. Letter of recommendation from school official (i.e. teacher, counselor, administrator)**
- 6. Photo (2x3 headshot recommended)**

Scholarship winners will be selected in April 2018 and the reception will take place on Saturday, May 19, 2018. Scholarship winners and guests are invited to be present at the reception.

Completed applications and supporting materials should be mailed to:

Kim Riley, Chairman Scholarship Committee
7715 Jarboe Street
Kansas City, Missouri 64114
(816) 895-2263
Scholarship@akabetaomega.org

Thank you,

Ms. Kim Riley

Ms. Kim Riley
Scholarship Committee Chairman

Ms. Charnissa Holliday-Scott

Ms. Charnissa Holliday-Scott
President, Beta Omega



**Alpha Kappa Alpha Sorority, Incorporated
Beta Omega Chapter**

**Counselor's Certification Form
(Please print in black ink)**

Note: This form should be completed by the applicant's counselor. It should also bear the school's seal or stamp and mailed by the counselor.

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|-------------------|------|-------|--------|
| Applicant's Name: | Last | First | Middle |
|-------------------|------|-------|--------|

| | | | |
|--------------|---------|------------|----------|
| High School: | Address | City/State | Zip Code |
|--------------|---------|------------|----------|

| | |
|-------------------|-------------------|
| Principal's Name: | Counselor's Name: |
|-------------------|-------------------|

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|---|--|
| Applicant's Grade Point Average (Cumulative): | Community Service Hours (if applicable): |
|---|--|

Test Scores (Transcripts Required)

| | | |
|-----------|--------------|------------------|
| ACT Score | Date Tested: | Composite Score: |
| SAT Score | Date Tested: | Composite Score: |

Other Comments (Optional):

Counselor's Signature

Date

Please send this form, submitted by **Monday, April 9, 2018** to:
Kim Riley, Scholarship Chairman, 7715 Jarboe St., Kansas City, MO 64114



Alpha Kappa Alpha Sorority, Incorporated
Beta Omega Chapter
Beta Omega Scholarship Application
 (Please print in black ink)

| | | |
|------------|-------------|--------------|
| Last Name: | First Name: | Middle Name: |
| | | |

| | | |
|-----------------|-------------|-----------|
| Street Address: | City/State: | Zip Code: |
| | | |

| | | |
|-------------------|----------------|--------------------------|
| Telephone Number: | Date of Birth: | Permanent Email Address: |
| | | |

Family Information

Parents'/Guardians' Name:

| | |
|------------------|------------------|
| Father/Guardian: | Mother/Guardian: |
|------------------|------------------|

| | | | | |
|---|---------------------------------------|---------------------------------|---------------------------------|--------------------------------|
| With whom do you live? <i>Please Check</i> | <input type="checkbox"/> Both Parents | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Other |
|---|---------------------------------------|---------------------------------|---------------------------------|--------------------------------|

| |
|---|
| Number of children in your family, including yourself: |
| Number of family members who will be attending college in fall 2018, including yourself: |
| Are you a first-generation college attendee? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Indicate your family's annual income (required):

| | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> Below \$20,000 | <input type="checkbox"/> \$20,000 - \$30,000 | <input type="checkbox"/> \$30,000 - \$40,000 | <input type="checkbox"/> \$40,000 - \$50,000 | <input type="checkbox"/> Above \$50,000 |
|---|--|--|--|---|



Scholarships and Financial Awards

Please list all other scholarships or financial assistance you have been awarded.

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Academics

| Name of High School: | Address | City/State | Zip Code |
|----------------------|---------|------------|----------|
| | | | |

| | |
|-------------------|-------------------|
| Principal's Name: | Counselor's Name: |
|-------------------|-------------------|

Extracurricular Activities (includes offices held, dates, special honors, etc.) Add separate sheet if necessary.

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Community Service/Church Activities (include description of volunteer duties/responsibilities, offices held, dates, special honors, etc.)

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Employment history (include name of employer, dates of employment, number of hours worked per week, any special honors or promotions):

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What college/university will you attend in fall 2018?

What is your proposed field of study in college? _____



School Official Letter Of Recommendation

Please attach a letter of recommendation from a school official (i.e. teacher, counselor, advisor, administrator).

Essay

Your completed packet should include an essay written on one (1) of the topics below. Please select one (1) of the following topics and compose a personal essay:

- What is your greatest strength and why?
- What is a book that has changed your life?
- What is the proudest moment of your life?
- If you won \$1 million, what would you do?
- What do you need to do to be successful in college and life?

The essay should be typewritten, double-spaced, and at least one (1) page in length, but not to exceed two (2) pages. This essay is important for final selection.

Applicant's Signature

Parent/Guardian's Signature

Date

Checklist

Your application is complete if you've submitted the following items:

- ✓ **Completed Scholarship Application**
- ✓ **Essay (one-two pages, double spaced)**
- ✓ **Counselor's Certification (sealed and stamped)**
- ✓ **Official Sealed and Stamped Transcript**
- ✓ **Letter of recommendation from school official (i.e. teacher, counselor, administrator)**
- ✓ **Photo (2x3 headshot recommended)**

Completed Scholarship Application and supporting materials must be submitted by **Monday, April 9, 2018**. Late applications will not be considered if submitted after the above date. Mail completed application and supporting materials to:

Kim Riley
Beta Omega Scholarship Chairman
7715 Jarboe Street
Kansas City, Missouri 64114

NOTE: DO NOT mail with requirement that recipient must pick up scholarship application packet at post office. Scholarship committee members will NOT pick up scholarship application packets from the post office.