

.



#### SCHOLARSHIP APPLICATION

Petals of Hope Foundation, Inc is comprised of the members of the Orlando Chapter of Alpha Kappa Alpha Sorority, Inc. Alpha Kappa Alpha Sorority, Inc. founded in 1908, is the oldest black sorority in the U.S.A.

Personal Data				
ame		Email Addre	Email Address	
Date of Birth		Phone Number (	)	
Current Residence				
Street		City	Zip	
Name(s) of Parent(s) or Guardiar	]			
Number of Siblings Who Reside i	n the Household	Brothers Siste	rs	
Educational Data				
School Presently Attending				
School Address				
Street		City	Zip	
Grade Point Average (Grade 9 th	rough First Semeste	er of the Senior Year)		
			Weighted	Un-Weighted
SAT Scores Critical Reading	 Math	ACT Score		
		_		
Date Taken	Date Taken	Da	ate Taken	
College or University Which You	Plan to Attend			
Address				
Street		City/State		Zip

Counselor's Name \_\_\_\_\_\_ Counselor's Phone # \_\_\_\_\_

# Student Activity Information

Directions: Please complete each section. DO NOT BE MODEST. All information can be used by the Scholarship Committee during the selection process.

Extra-Curricular Activity	Description	Leadership Position Held	Length of Service

#### Community Activities

Directions: List community activities in which you have participated, (Church groups, volunteer organizations, clubs, community art endeavors, etc.). The activities in which you engage must be completed outside of school.

Community Service Activity	Description	Length of Service

#### Work Experience

Place of Employment	Description of Responsibilities	Dates

## Recognition & Awards

Directions: List any honors and recognition that you have received (Grades 9 - 12).

Award/Recognition	Grade(s)

### References

Directions: **Two** letters of reference are required. One must come from a <u>teacher</u>, and one must come from a <u>church</u> <u>member</u>, <u>community member</u>, or an <u>employer</u>. **References from relatives will not be considered.** Letters of reference should address the following:

Character Personality Motivation Initiative Sense of Responsibility Citizenship

Application and requested documents must be received by Friday, March 11, 2016. The application and <u>all</u> required information must come in <u>one packet</u>, first class U.S. mail (please no certified mail return receipt request). Information received after March 11, 2016 will disqualify the applicant.

Direct applications and letters of reference to: Alpha Kappa Alpha Sorority, Inc. Orlando Chapter Attention: Dr. Felecia Boyd 2242 Pipestone Court Orlando, Florida 32818