

**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

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Residence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City Zip

Name(s) of Parent(s) or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Siblings Who Reside in the Household \_\_\_\_\_ Brothers\_\_\_\_\_ Sisters \_\_\_\_\_

Educational Data

School Presently Attending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City Zip

Grade Point Average (Grade 9 through First Semester of the Senior Year) \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Un-Weighted

Weighted

SAT Scores\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ ACT Score\_\_\_\_\_\_\_\_\_

Critical Reading Math

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Date Taken Date Taken Date 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.

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| --- | --- | --- | --- |
| **Extra-Curricular Activity** | **Description** | **Leadership Position Held** | **Length of Service** |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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.

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| --- | --- | --- |
| **Community Service Activity** | **Description** | **Length of Service** |
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|  |  |  |
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Work Experience

|  |  |  |
| --- | --- | --- |
| **Place of Employment** | **Description of Responsibilities** | **Dates** |
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|  |  |  |
|  |  |  |

Recognition & Awards

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

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| --- | --- |
| **Award/Recognition** | **Grade(s)** |
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References

Directions: **Two** letters of reference are required. One must come from a teacher, and one must come from a church member, community member, or an employer. **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 1, 2019**. **The application and all required information must come in one packet,** **first class U.S. mail** (**please no certified mail return receipt request). Information received after March 1, 2019 will disqualify the applicant.**

**Direct applications and letters of reference to: Alpha Kappa Alpha Sorority, Inc.**

**Orlando Chapter**

**Attention: Dr. Felecia Boyd**

**P.O. Box 555036**

**Orlando, FL 32855**