



ALPHA KAPPA ALPHA SORORITY, INC.

**Alpha Kappa Alpha Sorority, Inc.**

**Phi Phi Omega Chapter**

**Alpharetta, GA**

**Phi Phi Omega Scholarship  
2016**



PHI PHI OMEGA CHAPTER, ALPHA KAPPA ALPHA SORORITY, INCORPORATED  
**PHI PHI OMEGA SCHOLARSHIP APPLICATION**

Dear Applicant:

The Phi Phi Omega Chapter of Alpha Kappa Alpha Sorority, Inc. is committed to the development of America's youth. In addition to engaging in mentoring, education, health & wellness and economic development programs, we feel it is important to aid in developing talented young Americans in pursuit of higher education. Through gifts provided by our community donors and the contributions from members of Phi Phi Omega, we are pleased to announce the availability of the Phi Phi Omega Scholarship. It is encouraged and preferred that the applications be typed. We are excited about your interest in applying.

<b>Application Deadline: Friday, March 4, 2016</b>
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The Phi Phi Omega Chapter Scholarship Program is available to students who maintain full time status at an accredited, post-secondary institution. Applicants must meet all the eligibility requirements and deadlines to qualify. A panel interview is required. Scholarship awards must be applied toward tuition, educational equipment, fees and books. Eligibility for all scholarships requires that the applicant:

- Is a female resident of North Fulton County, Georgia
- A rising college freshman
- Demonstrates leadership, community involvement and service
- Submits the following documents:
  - Official academic transcript (sealed) from your high school
  - Two sealed recommendation forms (from a church, high school, or community leader that is NOT a relative)
  - Biographical sketch
  - Essay on a specified topic
  - Complete application package – incomplete applications will not be considered

In addition to the above criteria, the specific requirements to receive the scholarship are identified below:

<p style="text-align: center;"><b>PHI PHI OMEGA</b>  <b>ALPHA KAPP ALPHA SCHOLARSHIP \$1,000</b></p> <p>Based on financial need, academic achievement, commitment to pursuing a degree in chosen field of study, community service and school involvement.  <b>Award is renewable.</b></p> <ul style="list-style-type: none"> <li>• GPA of 2.5 or above</li> <li>• Will attend an HBCU (Historical Black College or University)</li> <li>• Essay</li> <li>• Community Service</li> <li>• Extra-Curricular Activities</li> <li>• Classification: Rising College Freshman</li> </ul>	<p>Phi Phi Omega was chartered on February 16, 2001. Since its inception, members have dedicated hours of service in the area of education and awarded numerous scholarships to deserving recipients as well as contributing funds to Alpha Kappa Alpha's Educational Advancement Foundation and the United Negro College Fund. We are determined to positively impact educational opportunities for young women seeking to further their education at a historically Black college or university through awarding yearly scholarships.</p>
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Name of Applicant \_\_\_\_\_

PHI PHI OMEGA CHAPTER, ALPHA KAPPA ALPHA SORORITY, INCORPORATED  
PHI PHI OMEGA SCHOLARSHIP APPLICATION

**APPLICANT INFORMATION**

Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home phone: ( ) \_\_\_\_\_  
Mm/dd/yy

Cell phone: ( ) \_\_\_\_\_ Alternate phone: ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

**ACADEMIC / COMMUNITY INFORMATION**

Name of Anticipated College: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Anticipated Date of Graduation \_\_\_\_\_ GPA \_\_\_\_\_

Anticipated Major Field of Study \_\_\_\_\_

List your academic achievements, honors, accomplishments and give the date(s) received

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

List School Organizations and time commitment

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

Name of Applicant \_\_\_\_\_

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**LEADERSHIP**

List and describe your leadership involvement over the past four (4) years.

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**COMMUNITY SERVICE**

List any community service activities in which you have participated.

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Name of Applicant \_\_\_\_\_

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## MEMBERSHIP

### Alpha Kappa Alpha Sorority Affiliation:

Are you affiliated with an Alpha Kappa Alpha Chapter? ☐ Yes ☐ No

If yes, Chapter's name/ Location:

\_\_\_\_\_

Are you involved in any Alpha Kappa Alpha Sorority program initiatives (i.e. mentoring, educational programs)?

☐ Yes ☐ No

If yes, List the program and your mentor/facilitator's name and contact information

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

Are you a previous Alpha Kappa Alpha Sorority scholarship recipient? ☐ Yes ☐ No

If yes, what year?

\_\_\_\_\_

## ESSAY

Please attach a 300-500 word essay on one of the following prominent women's issues (select one and explain its effect on you).

1. How accurately are women portrayed in the media?
2. Tell us about a woman that has shaped who you are and her impact on you as an individual.
3. What are some unique women's issues facing your generation? How can you make a difference regarding this issue?
4. Do you think women are underrepresented in corporate leadership and politics? How does this affect or not affect your generation?

## BIOGRAPHICAL SKETCH

In 100 words or less, tell us who you are, what you've accomplished and your career goals (use attachment sheet if necessary).

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Name of Applicant \_\_\_\_\_

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**FINANCIAL INFORMATION**

Please describe the basis of your financial need and any extenuating circumstances (e.g. single-parent family).

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**Anticipated Expenses for the Coming Year**

Tuition                \$ \_\_\_\_\_  
Transportation       \$ \_\_\_\_\_  
Room & Board        \$ \_\_\_\_\_  
Books & Supplies    \$ \_\_\_\_\_  
Clothing              \$ \_\_\_\_\_  
Personal Misc.       \$ \_\_\_\_\_

**TOTAL**                \$ \_\_\_\_\_

**Source of Funds for the Coming Year**

Parents                \$ \_\_\_\_\_  
Scholarships\*        \$ \_\_\_\_\_  
Employment           \$ \_\_\_\_\_  
Vacation Earnings    \$ \_\_\_\_\_  
Applicant Savings    \$ \_\_\_\_\_  
Other                   \$ \_\_\_\_\_  
Other                   \$ \_\_\_\_\_

**TOTAL**                \$ \_\_\_\_\_

*\* List only scholarship funds you have already been awarded*

If your source of funds for the coming year is not equal to or greater than your anticipated expenses, provide an explanation indicating how you plan to make up the difference.

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Complete entire application – incomplete applications will not be considered.

Name of Applicant \_\_\_\_\_

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**APPLICATION CHECKLIST/CERTIFICATION OF INFORMATION FORM**

All applications must be completed in their entirety to be considered for an award. Applications must be typed or printed legibly. Before submitting your application, be sure that the following items in the checklist have been enclosed:

- Completed APPLICATION CHECKLIST and signed CERTIFICATION OF INFORMATION FORM
- One (1) original completed APPLICATION PACKAGE
- One (1) official (sealed) copy of the HIGH SCHOOL TRANSCRIPT
- Required BIOGRAPHICAL SKETCH
- Required typed ESSAY
- TWO (2) sealed RECOMMENDATION FORMS as required
- One recent PHOTOGRAPH for use in Phi Phi Omega's publications and announcements

**Those applicants meeting the established criteria will be required to participate in a panel interview process.**

**Phi Phi Omega reserves the right to eliminate any incomplete, unsigned, late or illegible applications.**

**Certification of Information**

*By signing below, I certify that the information in this application and any accompanying documents are accurate and complete to the best of my knowledge. If I am selected for a scholarship, I authorize release of biographical information and use of my photograph for use in publicity related to Phi Phi Omega Chapter of Alpha Kappa Alpha Sorority, Inc.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**To be considered, your application must be completed and received on or before,  
Friday, March 4, 2016 -- mail to:**

Phi Phi Omega Chapter, AKA  
Attn: Scholarship Committee  
P.O. Box 4012  
Alpharetta, Georgia 30005

**If you have any questions, please contact Phi Phi Omega via email:  
scholarships@phiphiomega.com**

Name of Applicant \_\_\_\_\_

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## RECOMMENDATION FORM

### Section I – To be completed by Applicant

Name of Applicant \_\_\_\_\_

**Section II – To be completed by a high school, church, or community leader** who knows the applicant well enough to answer questions about her leadership skills. The person completing this section must not be related to the applicant.

1. How long have you known the applicant? \_\_\_\_\_ In what capacity have you been acquainted?

\_\_\_\_\_

2. Please give your personal appraisal of the applicant:

Category	Excellent	Good	Fair	Poor	Do Not Know
Scholastic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to obtaining a college degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goal setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. What are the characteristics that make you believe this applicant will be a successful college student?

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

4. Comment on the applicant's judgment, maturity, morals and values.

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

**PLEASE SEAL AND RETURN COMPLETED RECOMMENDATION FORM IN AN ENVELOPE TO THE APPLICANT.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

School/Organization \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_



Name of Applicant \_\_\_\_\_

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Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to obtaining a college degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goal setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

4. Comment on the applicant's judgment, maturity, morals and values.

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\_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

School/Organization \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_