



the PEARL foundation

People Educating and Reshaping Lives

The PEARL Foundation, Incorporated
and
Alpha Kappa Alpha Sorority, Incorporated®

Rho Zeta Omega Chapter

2017-2018
Scholarship Application

For additional information contact:

The Scholarship Committee at
pzoscholarship@gmail.com

Alpha Kappa Alpha Sorority, Inc., founded in 1908 as the first African-American Greek-letter sorority, promotes high scholastic and ethical standards. It soon became America's premiere organization for college-educated women, focusing on academic excellence and community service. The international sorority has grown to over 760 chapters both undergraduate and alumnae.

Since 1988, the North Suburban Atlanta Chapter, Rho Zeta Omega, has actively supported the community through various service projects. One of our annual projects includes awarding college scholarships to talented students in the area. The PEARL Foundation, Inc., in conjunction with Rho Zeta Omega Chapter, will award scholarships based on the following criteria:

- Must be an African-American female who resides in Cobb County.
- Must attend a Cobb County High School or Marietta High School
- Must be in the graduating class of 2018
- Must be a United States Citizen
- Must have a minimum GPA of 3.0 on a 4.0 scale
- Must have demonstrated leadership in the school and community
- Must have participated in community service projects
- Qualified applicants must participate in a panel interview on **March 4, 2018**.

- Application must contain:
 - Completed online application
 - Resume
 - Headshot picture
 - High school transcript (uploaded by the school to pzoscholarship@gmail.com).
 - ACT (composite score) or SAT (total score)
 - Two letters of recommendation (completed by school official, church/community leader)
 - Signed Acceptance Statement
 - Signed Certifications page
 - A 500-word essay on **one** of the topics listed below. The essay must be double-spaced, using 12 point, Times New Roman Font.

Scholarship Topic
(Choose One)

1. Describe how you have demonstrated leadership both in and outside of school.

2. In light of today's political climate of divisiveness and blatant racism against people of color, if you had the opportunity to create your own political platform to bring your school, community, and this country together, what would be your top three platform targets?

- **A completed application and supporting materials must be uploaded by Monday, February 19, 2018. NO EXCEPTIONS!**

Applicants are strongly encouraged to attend a Skills Development Workshop presented by Rho Zeta Omega Chapter scheduled for February 25, 2018. Those who plan to attend must RSVP at pzoscholarship@gmail.com no later than February 20, 2018.

Gloria Nichols
President, The PEARL Foundation, Inc.

Angela Bowers-Ervin
President, Rho Zeta Omega Chapter

APPLICATION CHECKLIST*

A completed application and all supporting materials must be uploaded, as one complete package, by Monday, February 19, 2018.
NO EXCEPTIONS!

References and an official high school transcript must be uploaded to pzoscholarship@gmail.com by the February 19, 2018, deadline.
NO EXCEPTIONS!

An application that is missing items will be considered incomplete and will not be considered for an award. **NO EXCEPTIONS!**

Your upload must contain:

- ✓ Completed application with all required signatures and information
- ✓ Resume
- ✓ ACT (composite score) or SAT (total score)
- ✓ A headshot picture
- ✓ Acceptance Statement
- ✓ Certifications page
- ✓ A 500-word essay on one of the topics listed above. The essay must be double-spaced, using 12 point, Times New Roman Font.

Don't forget to:

- RSVP at pzoscholarship@gmail.com by February 20, 2018 for the Skills Development Workshop that will be held on February 25, 2018.
- Remind your references that their forms or reference letters must be uploaded by the February 19, 2018 deadline.
- Remind your School Counselor that your transcript must be uploaded by the February 19, 2018 deadline.

***Submitting the online application confirms that you are uploading all the required documents. All official communication regarding the application process will occur via e-mail. Please ensure that the email address provided is accurate. Failure to receive email communication rests solely with the applicant.**

PERSONAL INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Alternate Number: _____

E-mail: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Alternate Number: _____

COLLEGIATE GOALS: List up to four colleges/universities to which you will apply in order of preference.

Accepted?

Name: _____ City/State: _____ Y/N

Name: _____ City/State: _____ Y/N

Name: _____ City/State: _____ Y/N

Name: _____ City/State: _____ Y/N

What will be your major area of study? _____

EMPLOYMENT HISTORY (IF APPLICABLE):

From/To Dates	Company Name	Supervisor	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACADEMIC HISTORY:

High School: _____ Graduation Date _____

Cumulative Grade Point Average on a 4.0 scale: _____

ACT Composite Score: _____ SAT (Critical Reading & Math) Total Score: _____

LEADERSHIP (SCHOOL, CHURCH, COMMUNITY, OTHER): If additional space is needed, include on resume.

Organization/Activity	Leadership Role/Office Held	Dates Involved
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMMUNITY SERVICE ACTIVITIES: If additional space is needed, include on resume.

AWARDS, HONORS, RECOGNITION: Academic, Church, Community, Sports, etc.
If additional space is needed, include on resume.

REFERENCES:

List two references below. References must be a school official or church/community leader.
The person submitting your reference cannot be a relative and must submit the recommendation form or letter to pzoscholarship@gmail.com no later than **February 19, 2018.**

Name	Position	Phone
_____	_____	_____
_____	_____	_____

What is the date of your high school Awards ceremony?

ACCEPTANCE STATEMENT

Please read and sign:

If I am awarded a scholarship from The PEARL Foundation, Inc. and Alpha Kappa Alpha Sorority, Inc., Rho Zeta Omega Chapter, and I am also awarded any scholarship which fully funds my academic expenses, I agree to withdraw my acceptance of the scholarship awarded by The PEARL Foundation, Inc. and Alpha Kappa Alpha Sorority, Inc., Rho Zeta Omega Chapter.

Applicant's Signature

Date

Parent/Guardian's Signature

Date

CERTIFICATIONS

Applicant and parent/guardian: Please indicate that you have read and understand and that the following statements are correct, by initialing each statement below and including your original signatures in the spaces allotted.

_____/_____/_____ I certify that all information provided is correct and complete to the best of my knowledge. I give the Rho Zeta Omega Chapter of Alpha Kappa Alpha Sorority, Inc. permission to verify any information contained in my information package, as necessary. I understand that misrepresentation of any information or the submission of inaccurate or incomplete information will result in disqualification from consideration for a scholarship or forfeiture of any award that I may receive and there is no appeal process.

I certify that the applicant: (please check all that apply)

- is a resident of Cobb County.
- attends a high school in the Cobb County School District or Marietta High School.
- is a high school senior graduating in the class of 2018.

_____/_____/_____ I understand that if the applicant is awarded a scholarship, the funds will be sent directly to the college/university once the proper verification forms have been completed and returned to the Rho Zeta Omega Chapter of Alpha Kappa Alpha Sorority, Inc.

_____/_____/_____ Notice of Possible Use of Your Name, Image, or Likeness

Please be advised that attending and participating in any event associated with Rho Zeta Omega Chapter of Alpha Kappa Alpha, Sorority, Inc., The PEARL Foundation Inc. scholarship may result in the use of your name, image, and/or likeness in printed and electronic material, including but not limited to publication on the World Wide Web, social network sites, in press materials, and in advertising and marketing materials. You hereby specifically release Rho Zeta Omega Chapter of Alpha Kappa Alpha Sorority, Inc. and The PEARL Foundation Inc. and its agents from any and all claims arising from the use of your name, image, and/or likeness based on any of the uses stated above.

Parent/Guardian's Signature

Date

Applicant's Signature

Date

INSTRUCTIONS FOR REFERENCES

Recommenders can use the attached form or write a letter. Any letters written should be on official letterhead and include the information listed below. If the reference does not have letterhead, please include mailing and email addresses and a contact number.

Failure to supply all information listed will result in applicant receiving a lower score.

- Name and contact information of reference
- Relationship to applicant
- How long reference has known applicant
- Information regarding why applicant should receive the scholarship award

The form or recommendation letter must be submitted to pzoscholarship@gmail.com by **February 19, 2018**.

RECOMMENDATION FORM

Section I – To be completed by Applicant

Name of Applicant _____

Section II – To be completed by a high school, college, 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? _____
2. In what capacity have you known the applicant? _____
3. Please give your personal appraisal of the applicant:

Category	Excellent	Good	Fair	Poor	Do Not Know
Scholastic achievement					
Community service					
Leadership skills					
Commitment to obtaining a college degree					
Goal setting					
Character and personality					
Initiative and drive					

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

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

Signature _____

Date _____

Print Name _____

Title _____

School/Organization _____

City _____ State _____

PLEASE RETURN COMPLETED RECOMMENDATION FORM TO pzoscholarship@gmail.com.