
WORK EXPERIENCE: _____

LIST THE NAME OF THE COLLEGE YOU HAVE BEEN ADMITTED TO OR PLAN TO ATTEND:

LIST THE SOURCE AND AMOUNT OF ANY OTHER SCHOLARSHIPS YOU HAVE RECEIVED:

All materials submitted with the application, including photographs, become the property of Alpha Lambda Omega Chapter, Alpha Kappa Alpha Sorority, Inc., and may be used for promotional purposes. Submission of an application constitutes your authorization and release.

SIGNATURE OF APPLICANT: _____

DATE: _____

PLEASE REMEMBER TO SUBMIT THE FOLLOWING ITEMS WITH YOUR APPLICATION:

1. One page typed essay demonstrating financial need and why applicant desires the scholarship
2. Two letters of support from school, community, church or employers
3. An official transcript, listing class rank and GPA
4. Copy of acceptance letter from the institution the student plans to attend
5. Photograph of applicant (headshot, passport, or school photo)
6. SAT scores (sealed copy)
7. Self-addressed stamped envelope

APPLICATIONS PACKETS MUST BE POSTMARKED BY April 16, 2010

MAIL PACKETS TO:

YOLANDA B. McGRAW, SCHOLARSHIP COMMITTEE CHAIR
ALPHA LAMBDA OMEGA CHAPTER-AKA SORORITY, INC.
1224 HOLLEYBANK DRIVE
MATTHEWS, NC 28105-9120