



ALPHA KAPPA ALPHA SORORITY, INC.



Omicron Omicron Omega Chapter
Marion, South Carolina

APPLICATION FOR SCHOLARSHIP

(PLEASE PRINT WITH BLACK INK OR TYPE)

Current Date _____

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Telephone Number _____ SS# _____ DOB _____
(Area Code) (mm/dd/yy)

Name: Parent(s)/Guardian(s) _____

Address _____
(Parent(s)/Guardian(s) if different from yours)

GPA ____ Class Rank ____ SAT Scores: Verbal ____ Math ____ ACT ____ Community Service Hrs. ____

Honors and/or Awards Received _____

Organizations _____
(Include Office(s) Held)

Extra Curricular Activities (School/Community) _____

Have been accepted by the following University/College/or Technical Institution _____

(Write NONE, if you have not received a letter of acceptance to date.)

Tentative Major(s) _____

REFERENCES:

Three letters of recommendations from persons whom you know from school, church, and community

Name	Address

Revised 2013

PLEASE READ ALL INFORMATION IN APPLICATION PACKET CAREFULLY AND FOLLOW DIRECTIONS!