

**ALPHA KAPPA ALPHA SORORITY, INCORPORATED  
DELTA EPSILON OMEGA CHAPTER  
OMAHA, NEBRASKA**

**SCHOLARSHIP GUIDELINES AND APPLICATION FORM**

**BACKGROUND**

Alpha Kappa Alpha Sorority, Inc, the oldest African American Sorority, was founded in 1908 at Howard University. A major part of the purpose of the sorority is to cultivate and encourage high scholastic and ethical standards, maintain a progressive interest in college life, and to be of service to all mankind. Delta Epsilon Omega Chapter was organized in 1946 and fulfills the sorority's purpose through local programs. This chapter, for many years, has been awarding scholarships to deserving female students who graduate from Nebraska high schools.

**ELIGIBILITY AND GENERAL INFORMATION**

1. Applicants must be female full-time college students who graduated from a Nebraska high school or female Nebraska high school graduating seniors.
2. The scholarship is a cash award payable to the college designated by the recipient.
3. Primary consideration for the scholarship is academic excellence. Applicants must have a GPA of 2.50 (C+ or better) on a 4.0 scale.

**APPLICATION DEADLINE: AUGUST 15, 2007**

The completed application must reach the scholarship chairperson on or before August 15, 2007.

**APPLICATION PROCEDURES**

In order to be considered for the Delta Epsilon Omega Chapter of Alpha Kappa Alpha, Inc. Scholarship, an applicant must comply with the listed application procedures. The applicant must:

1. Complete the scholarship application form. Use on the forms provided by Alpha Kappa Alpha.
2. Submit an official college or high school transcript and two (2) letters of recommendation from a school, church, or community leader. Letters must indicate title and/or position, with an official signature.
3. Attach a recent photograph, no larger than a 4 x 6.
4. Write a one-page essay, typed or computer generated, explaining how this scholarship will help with your education and career goals. Use the enclosed form provided with this application packet. **Use 14-point font only.**
5. Send the application form, official transcript, the two letters of recommendation, the one-page essay, and the consent form together in one package to:

Mrs. Dorothy W. Nolan, Co-chairperson  
Alpha Kappa Alpha Sorority, Inc. Scholarship Committee  
5014 Fontenelle Blvd.  
Omaha, Nebraska 68111

*ALPHA KAPPA ALPHA SORORITY, INC.  
DELTA EPSILON OMEGA CHAPTER  
SCHOLARSHIP APPLICATION FORM*

Directions: Please read carefully, complete each item and answer all questions. Please type or print your responses.

1. Name: \_\_\_\_\_
2. Street Address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Telephone No: \_\_\_\_\_ Social Security #: \_\_\_\_\_
5. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
6. Mother/Guardian's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
7. Father/Guardian's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
8. High School/College/University \_\_\_\_\_  
Major: \_\_\_\_\_ Minor: \_\_\_\_\_  
Classification: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_  
No. Hours Earned: \_\_\_\_\_ Expected Graduate Date: \_\_\_\_\_
9. Are you currently employed? Yes  No   
If yes, give employer's name: \_\_\_\_\_  
Number hours worked per week: \_\_\_\_\_
10. Please list any high school/college related organizations or activities in which you are involved:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Please list any community activities, including church activities, in which you are involved:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Please list any academic honors/awards that you have received:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. My hobbies are:  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student

**ALPHA KAPPA ALPHA SORORITY, INC.**  
**Delta Epsilon Omega Chapter**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Scholarship Student Essay - On this sheet of paper, please write a personal statement explaining how this scholarship will help you with your education and future career goals.**

ALPHA KAPPA ALPHA SORORITY, INCORPORATED  
Delta Epsilon Omega Chapter

SCHOLARSHIP CONSENT FORM

I understand that to be eligible to receive this award, I must be a female full-time college student who graduated from a Nebraska high school or a female Nebraska high school graduating senior actively attending classes during the academic year for which this scholarship is awarded.

I give my consent for the Delta Epsilon Omega Chapter of Alpha Kappa Alpha Sorority, Inc. to use information listed in my application for the purpose of publicizing these scholarship awards in media chosen by the chapter.

I certify that the information contained herein is correct to the best of my knowledge. If I accept an award and any information in this application is found to be misrepresented, I agree to return all monies awarded to me if so required by Delta Epsilon Omega Chapter.

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Applicant's Name (printed or typed)

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Applicant's Signature

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Date

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Parent(s)/Guardian Signature (if applicant is 18 or younger)

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Date