



ALPHA KAPPA ALPHA SORORITY, INC.®
Iota Psi Omega Chapter

in partnership with

Pearls of Wisdom and Grace Foundation, Inc.



SCHOLARSHIP COMMITTEE

2023-2024 Scholarship Application

Alpha Kappa Alpha Sorority, Incorporated®, Iota Psi Omega Chapter will award one academic scholarship to graduating seniors who resides or attend school in the Clarke, Elbert, Greene, and Stephens counties of Georgia. Qualified applicants must be female and plan to attend an accredited college or university.

Illustrious Pearls Academic Scholarship

Four students (one from each county) will receive a one-time payment of \$2,000 for college expenses.

- 3.0+ GPA
- Demonstrated extracurricular activities and/or community service

All application packets must include the following:

- Completed Application (Typed)
- Application Essay (Typed 500 words or more)
- Official Transcript (electronic preferred)
- 1 Recommendation Letter
- College Acceptance Letter(s) to an accredited four-year college/university
- Attach official senior portrait. By signing this application, you release Alpha Kappa Alpha Sorority Incorporated®, Iota Psi Omega Chapter to use your photograph and biographical information for possible articles in the media.

The academic recommendation letter must be on official letterhead completed by an academic teacher, counselor or administrator of the school in which you currently attend. Plagiarism will not be accepted.

Scholarship packets must be submitted electronically by April 21st to ipoaka@gmail.com

**Please submit OFFICIAL transcripts electronically to ipoaka@gmail.com or mail to:
Alpha Kappa Alpha Sorority, Inc.®
Iota Psi Omega Chapter
c/o Scholarship Committee
P.O. Box 303
Athens, GA 30903**



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APPLICANT INFORMATION

First Name		Middle Name		Last Name	
Street Address			City	State	Zip
Phone	Date of Birth	Email			

PARENT / GUARDIAN INFORMATION

1) Parent / Guardian Name		Relationship	
Phone Number		Email Address	
2) Parent / Guardian Name		Relationship	
Phone Number		Email Address	

HIGH SCHOOL INFORMATION

High School Currently Attending			Overall GPA		
Address		City	State	Zip	

COLLEGE ASPIRATIONS

Colleges / Universities You Applied to Or Plan to Apply	Intended Major or Field of Study
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EXTRA-CURRICULAR / COMMUNITY ACTIVITIES

Name of Group / Activity	Grade (Check boxes that apply)				Positions Held (if applicable)
	9 th	10 th	11 th	12 th	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
Were you a member of any mentoring programs sponsored by Alpha Kappa Alpha Sorority, Incorporated®, Iota Psi Omega Chapter or the Pearls of Wisdom and Grace Foundation?					If yes, please list the program and date(s) of participation:
YES	NO				

HONORS / AWARDS / RECOGNITIONS

Award	Grade (Check boxes that apply)				Source / Reason for Award
	9 th	10 th	11 th	12 th	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					



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ESSAY

(Answer the following prompt in 500 words or more)

Alpha Kappa Alpha Sorority, Inc.® is an organization committed to being of “Service to All Mankind.” How have you contributed to your community? How has that impacted you? How will you utilize your education to impact the community in which you will live? Lastly, who has most influenced your academic journey?



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Parent/Guardian Media Release Form

Alpha Kappa Alpha Sorority, Incorporated® routinely promotes programs and activities involving minors through various media. MEDIA RELEASE

I, _____ the undersigned, do hereby grant permission to use the image of my child, _____ . Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that

Applicant's Signature	Date
Parent / Guardian's Signature	Date

SIGNATURES

I have provided truthful and complete information in this application and understand the requirements of this program. I understand that if I am a recipient of this scholarship award, that my awarded amount will be submitted on my behalf to the accredited four-year college/university in which full-time enrollment has been verified. I forfeit the awarded amount if I do not attend an accredited four-year college/university and I am not enrolled as a full-time student.

Applicant's Signature	Date
Parent / Guardian's Signature	Date