

ALPHA KAPPA ALPHA SORORITY, INCORPORATED

BETA OMEGA CHAPTER

March 7, 2024

Dear High School Counselor:

Alpha Kappa Alpha Sorority, Incorporated® is the nation's oldest historically African American Sorority. It was founded in 1908 on the campus of Howard University in Washington, D.C. by and for college educated women. AKA has grown into a force of more than 300,000 collegiate members and alumni, constituting over 1,000 chapters in 48 states, the District of Columbia, the US Virgin Islands, the Bahamas, Germany, Liberia, South Korea, Japan, Canada, South Africa, and the Middle East. The Beta Omega Chapter in Kansas City, Missouri has been in existence since 1920. One of the primary targets of Alpha Kappa Alpha Sorority, Inc.® is education.

Beta Omega Chapter has awarded more than 1,000 scholarships to students over the years. This year we will award scholarships to seniors graduating from high schools across the Kansas City metro area. Awards will be based on academic achievement, community service, school involvement, extracurricular activities, and financial need. A portion of our scholarships will be earmarked for high school seniors with average grades and test scores but exhibit other exceptional characteristics.

For consideration, the following items must be postmarked by Saturday, April 13, 2024.

- 1. Completed Scholarship Application
- Essay (one-two pages, double spaced)
 Counselor's Certification (sealed and stamped)
- 4. Official Sealed and Stamped Transcript
 5. Letter of recommendation from school official (i.e., teacher, counselor, administrator)
- 6. Photo (2x3 headshot recommended)

Scholarship winners will be selected in April. All awardees and their guests are invited to be present at a reception to be announced at a later date in May of 2024.

Completed applications and supporting materials should be mailed to:

Mrs. Linda R. May, Scholarship Committee Chairman 5419 Woodside Ave Kansas City, MO 64133 (816) 651-3399 lindabellmay9@gmail.com

Thank you,

Mrs. Linda R. May Scholarship Committee Chairman.

Mrs. Brandi Smith Scholarship Committee Co-Chairman

Mrs. Omega Tillman President, Beta Omega



Alpha Kappa Alpha Sorority, Incorporated

Beta Omega Chapter

Counselor's Certification Form

(Please print in black ink)

Note: This form should be completed by the applicant's counselor. It should also bear the school's seal or stamp and mailed by the counselor.

	First	Middle			
	City/State	Zip Code			
Principal's Name:		Counselor's Name:			
(Cumulative):	Community Service Hours (if applicable):				
Test Scores (Tra	anscripts Required)				
	Composite Score:				
	Composite Score:				
	Test Scores (Tra				

Please send this form, postmarked by **Saturday, April 13, 2024** to: Mrs. Linda R. May, Scholarship Chairman, 5419 Woodside Ave, KC., MO 64133



Indicate your family's annual income (required):

□ \$20,000 **-** \$30,000

□ Below \$20,000

Alpha Kappa Alpha Sorority, Incorporated Beta Omega Chapter

Scholarship Application

(Please print in black ink)

Last Name:	Last Name: First Na			Middle Name:			
Street Address:		City/Sta	ate:	Zip Code:			
Telephone Number	.	Date of F	Rirth:	Permanent Email Address:			
Telephone (vanioer	•	Date of I	on un.	1 cimanent Eman Address.			
Family Information							
Parent/Guardian Name(s) Father/Guardian:	:		Mother/Gu	uardian:			
With whom do you live? <i>Please Check</i>	□ Both Parents	□ Mother	□ Father	□ Other			
Number of children in you			: 611222	4 : 1 1: 10			
Number of family member Are you a first-generation			e in fall 2024	4, including yourself:			

□ \$30,000 - \$40,000

□ \$40,000 - \$50,000

□ Above \$50,000

Scholarships and Financial Awards



High School: Principal's Name: Counselor's Name:	lease list all other	scholarships or linancial	assistance you have been awarded.	
Name of High School: Principal's Name: Counselor's Name: Address City/State Zip Code Counselor's Name: Counselor's Name: Counselor's Name: Counselor's Name: Counselor's Name: Madd a separate sheet if necession of volunteer duties/responsibilities, offices held tes, special honors, etc.) Counselor's Name:				
Name of High School: Principal's Name: Counselor's Name: Counselor's Name: Stracurricular Activities (includes offices held, dates, special honors, etc.) Add a separate sheet if necess of the special honors, etc.) Community Service/Church Activities (include description of volunteer duties/responsibilities, offices held tes, special honors, etc.) Imployment history (include name of employer, dates of employment, number of hours worked per week, my special honors or promotions):				
Name of High School: Principal's Name: Counselor's Name: ** ** Counselor's Name: Counsel				
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any special honors or promotions):				
Employment history (include name of employer, dates of employment, number of hours worked per week, any special honors or promotions): What college/university will you attend in fall 2024? What is your proposed field of study in college?				
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School Official Letter of Recommendation



Please attach a letter of recommendation from a school official (i.e., teacher, counselor, advisor, administrator).

Essay

Your completed packet should include an essay written on one (1) of the topics below. Please select one (1) of the following topics and compose a personal essay:

- What is your greatest strength and why?
- Describe a book that has impacted your life and how?
- What is the proudest moment of your life?
- If you won \$1 million, what would you do?
- What do you have to do to be successful in college and life?

The essay	should be typed, d	double-spaced,	and at least	one (1) page	in length,	but not to	exceed two
(2) pages.	This essay is imp	ortant for final	selection.				

Applicant's Signature

Parent/Guardian's Signature

Date

Checklist

Your application is complete if you've submitted the following items:

- ✓ Completed Scholarship Application
- ✓ Essay (one-two pages, double spaced)
- ✓ Counselor's Certification (sealed and stamped)
- ✓ Official Sealed and Stamped Transcript
- ✓ Letter of recommendation from school official (i.e.teacher, counselor, administrator)

Completed Scholarship Application and supporting materials must be postmarked by <u>Saturday</u>, <u>April 13</u>, <u>2024</u>. <u>Late applications will not be considered if postmarked after the above date</u>. Mail completed application and supporting materials to:

Mrs. Linda R. May, AKA Beta Omega Scholarship Chairman 5419 Woodside Ave, Kansas City, MO 64133