Alpha Kappa Alpha Sorority, Inc.® Psi Xi Omega Chapter

P.O. Box 1602 Alabaster, AL 35007 PXOshelbyscholarship@gmail.com



The members of the Psi Xi Omega Chapter of Alpha Kappa Alpha Sorority, Inc. are pleased to announce the availability of two \$1,000 scholarships for the fall of 2019 academic year.

To qualify, the applicant must:

- Be an African-American female graduating in 2019 from a high school in Shelby County, AL
- Possess a cumulative GPA of **3.0** or better on a 4.0 scale
- Be attending an accredited 4-year college or university in the fall of 2019 (proof of enrollment will be required before scholarship funds are issued)

All completed applications must include:

- An official high school transcript
- Two letters of recommendation from:
 - 1- A teacher, counselor, administrator, or other school official
 - 1- A community member, civic, or religious leader
- An essay (typed, double-spaced, 12pt. font) on the following topic: (2 pages max)

Write a short essay that describes areas in your life where you demonstrated leadership and overcame obstacles either through your school, social, or family life.

Please type, or print legibly, and complete the attached application. Selection is based on grade point average, academic potential, essay content, school and community involvement, and references.

Applications must be <u>received</u> by Friday, March 15, 2019 via USPS Standard Mail.

Please, **no certified mail with return receipt request**. Late or incomplete packets will not be considered. Please forward all completed application packets to:

Scholarship Committee Psi Xi Omega Chapter – AKA Attn: Dianna Minor P.O. Box 1602 Alabaster, AL 35007 About Alpha Kappa Alpha....

Alpha Kappa Alpha Sorority, Incorporated was founded on January 15, 1908 on the campus of Howard University in Washington, DC. Alpha Kappa Alpha is the first Greek-letter sorority established and incorporated by African American college women.

Since its founding over a century ago, Alpha Kappa Alpha's mission has been to cultivate and encourage high scholastic and ethical standards, to promote unity and friendship among college women, to study and help alleviate problems concerning girls and women in order to improve their social stature, to maintain a progressive interest in college life, and to be of "Service to All Mankind."

For more information about Alpha Kappa Alpha Sorority, Incorporated please visit www.aka1908.com.

About Psi Xi Omega Chapter...

Psi Xi Omega was charted on November 26, 2011 and serves the entire Shelby County area. As women of Alpha Kappa Alpha Sorority, Incorporated, we strive to promote service to all mankind and to shine a light of hope on humanity. Moreover, we strive to let our beacons of light shine brighter and brighter each year with love, compassion, and respect for others. For more information about the Psi Xi Omega Chapter please visit www.pxoaka.org.



Scholarship Application

Personal & Educational Data **Email** First Name, MI Last Name Parent's Primary Phone #: Permanent Address: DOB: Name(s) of Parent/Guardian: Are You a First-Generation College Student? # of Siblings Who Reside in Household ___No Yes Current High School Name/Address: School Counselor's Name/Ph #: Date//Location of Graduation Date/Time of Awards Program Cumulative GPA: _____ Rank: _____ ACT: _____ SAT: ____ College or University You Plan to Attend: Have You Been Accepted? Yes___ No___ (include city & state)

Extracurricular Involvement*

| Community Service Activities* Event or Service Location Responsibilities Hours Completed Work Experience* Place of Employment Position / Job Duties Dates of Employment Honors & Awards (grades 9-12)* Description Year Description Year | £ an | | | |
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^{*}attach a separate sheet if necessary

CERTIFICATION STATEMENT

I hereby agree to hold harmless, and release from liability, the Psi Xi Omega Chapter of Alpha Kappa Alpha Sorority, Inc., or any representative thereof, for any action or claim. I hereby agree to comply with all requirements of the application process as set forth by the Psi Xi Omega Chapter. All of the information on this application is true to the best of my knowledge. If asked to do so, I agree to provide proof of the required information that I have provided on this application. I realize that if I do not supply proof when asked, I may be disqualified as an applicant for this scholarship.

| Signature of Applicant | Date | |
|------------------------------|----------|--|
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| Signature of Parent/Guardian | Date | |