SCHOLARSHIP DEADLINE APRIL 25, 2025

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| **APPLICANT NAME** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  First Name | M.I.  | Last Name |
| **ALL ALPHA KAPPA ALPHA SCHOLARHIP REQUIREMENTS** |
| Must be a high school graduating Senior Scholarship for first and/or second semester of freshman year in collegeOfficial high school transcripts must be submitted with all scholarship applicationsThe high school counselor must complete his/her requested informationApplications must be **typed and** completed in its entirety to be considered. Applications are due: **04/25/2025**Essays must bea minimum of 1 page, and be related to the applicable scholarship Students may retrieve the application online at <https://www.akaopo.com/scholarship> and return application by email at akaopo1@gmail.com  |
| **SELECT SCHOLARSHIP** |
| Check the scholarship(s) you are applying for u*sing the following guidelines:* |
| [ ] **MARTIN LUTHER KING, JR.; ROBERT KNOWLING, JR. SCHOLARSHIP** | [ ] **GERRY GUNNINGS STROMAN SCHOLARSHIP** |
| [ ] Must be active **with a recommendation** from a community, church, and/or school official[ ] Based on financial need[ ] Must submit essay following this prompt: How has Dr. King’s vision been realized in youth today?  | [ ] Must be active **with a recommendation from community,** church, and/or school official[ ] Must have a 2.5 or better grade point average[ ] Must submit SAT/ACT scores if required by the campus you will be attending. [ ] Must attend a four-year college or university\* [ ] Must submit essay answering the following prompt: How have you shown commitment to community and/or diversity?  |
| [ ] **MARY ANN NOLCOX SCHOLARSHIP** | [ ] **INDIANA UNIVERSITY KOKOMO SCHOLARSHIP** |
| [ ] Must submit SAT/ACT scores if required by the campus you are attending.[ ] Must be involved and receive letter of recommendation from community, church, and/or school official[ ] Must have a 2.5 or better grade point average[ ] Must plan to major in Education[ ] Essay to include career objectives in Education.  | [ ] Must be involved and receive letter of recommendation from community, church, and/or school official[ ] Must submit SAT/ACT scores if required by the campus you will be attending.[ ] Must be accepted and plan to attend Indiana University Kokomo[ ] Must submit essay regarding reasons for attending IUK |

***Scholarship Deadline April 25, 2025***

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| **PERSONAL INFORMATION** |
| NAME: |  |  |  |
|  | *First* | M.I. | Last |
| ADDRESS: |  |  |
|  | *Street Address* | *Apartment/Unit #* |
|  |  |  |  |
|  | *City* | *State* | *Zip Code* |
| HOME PHONE: |  | CELL PHONE: |  |
| EMAIL: |  |
| FATHER’S/ GUARDIAN’S NAME: |  | EMPLOYER: |  |
| MOTHER’S/ GUARDIAN’S NAME: |  | EMPLOYER: |  |
| NUMBER OF SIBLINGS: |  | # YOUNGER: | # OLDER: |
| # of Siblings in College as of the Fall 2024, *including yourself:* |  |
| **SCHOOL / COLLEGE INFORMATION** |
| HIGH SCHOOL: |  |
| *Below, list the colleges you have applied to:* |
| COLLEGE/UNIVERSITY: |  | ACCEPTED: [ ]  YES [ ] NO |
| COLLEGE/UNIVERSITY: |  | ACCEPTED: [ ]  YES [ ]  NO |
| COLLEGE/UNIVERSITY: |  | ACCEPTED: [ ]  YES [ ] NO |
| COLLEGE SELECTED: |  | COST PER YEAR: $ |
| MAJOR/FIELD OF STUDY: |  |
| CAREER OBJECTIVE: |  |
| Have your parents submitted a state or federal financial aid form? | □ YES □ NO  | Funds available from job, savings, financial aid, and/or family contribution. | $ |
| **SCHOOL AND COMMUNITY INFORMATION** *(Attach additional sheets if necessary)* |
| List all Honors and Awards received in high school: |
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***Scholarship Deadline April 25, 2025***

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| **SCHOOL AND COMMUNITY INFORMATION** *(Continued…)* |
| List all Offices held in Organizations in high school: |
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| List all School Activities in high school: |
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| List Other Activities (Church, Community, Other): |
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| **LIST JOB EXPERIENCE** |
| COMPANY: |  | POSITION:  |  | DATES: |  |
| COMPANY: |  | POSITION:  |  | DATES: |  |
| COMPANY: |  | POSITION:  |  | DATES: |  |
| **ESSAY** |
| Using a separate sheet of paper, type an essay answering the provided prompt. Include any data you believe will assist the committee in the evaluation of your financial need. **Note**: Be sure to ask your school counselor and teachers for recommendations and include them with this application. |
| **SIGNATURE** |
| Your signature authorizes the use of all pertinent school information: |
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| Signature | *Date* |

***Scholarship Deadline April 25, 2025***

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| **TO BE COMPLETED BY THE HIGH SCHOOL COUNSELOR** |
| HIGH SCHOOL: |  | SCHOOL RANK: |  |
| TYPE OF DIPLOMA: |  | G.P.A.: |  |
| SAT SCORES: |  **Scores required only if the college or university the student will be attending requires it for admission.**  | VERBAL: | MATH:  |
| ACT SCORES: | **Scores required only if the college or university the student will be attending requires it for admission.**  | ENGLISH: | MATH: |
| **ATTACH OFFICIAL HIGH SCHOOL TRANSCRIPT** | ATTACHED  | [ ] YES [ ] NO |
| COUNSELOR NAME: |  |
| COUNSELOR COMMENTS: |
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| **COUNSELOR SIGNATURE** |
| Counselor signature authorizes the use of all pertinent school information: |
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| *Counselor Signature* | *Date* |

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