

Alpha Kappa Alpha Sorority, Incorporated
Chi Tau Omega Chapter
2024
Scholarship Application



Application Deadline: Wednesday, April 10, 2024

***Must be postmarked by Midnight April 9, 2024**

For more information, contact:
Lorraine D. Davis,
Scholarship Committee
scholarship@chitauomega.com
www.chitauomega.com



ALPHA KAPPA ALPHA SORORITY, INC.
CHI TAU OMEGA CHAPTER **XTQ**
2024 SCHOLARSHIP APPLICATION

Dear Applicant,

Thank you for your interest in the **Chi Tau Omega** Chapter of Alpha Kappa Alpha Sorority, Incorporated Scholarship. Each year, **Chi Tau Omega** Chapter awards thousands of dollars in scholarships to deserving Newton/Rockdale County students and/or residents.

Scholarship awards "recognize outstanding high school seniors who have applied and has been accepted to an accredited 4-year college or university who demonstrate, proven leadership, and have actively participated in community service." *Please see the application for more detailed applicant criteria.*

Since 2005, the chapter has proudly awarded more than \$200,000 to students in an effort to promote, encourage and prepare our next generation of leaders with higher education. Scholarship applications may be downloaded from www.chitauomega.com. We invite you to complete the application and mail it to:

**Alpha Kappa Alpha Sorority, Incorporated
Chi Tau Omega Chapter
Attn: Scholarship Committee
P.O. Box 82996
Conyers, GA 30013**

Your completed application must be postmarked by **April 9, 2024**. NO EXCEPTIONS! Once your application is received, it will be reviewed by our scholarship committee. Certificates will be presented to the winners during the 2024 Honors Night program at their respective schools. **For more information, contact Lorraine D. Davis, Scholarship Committee Chairman at scholarship@chitauomega.com.**

ABOUT Chi Tau Omega Chapter

Chi Tau Omega is one of more than 1,022 chapters of Alpha Kappa Alpha Sorority, Inc. that improve the quality of life and living for all. Our service projects provide economic-related activities: business networking, social and political awareness, empowerment in economic development, entrepreneur training, financial literacy education, scholarships, community mentoring, youth development, health and wellness literacy outreach, and environmental awareness campaigns. For additional information about Chi Tau Omega, please visit our website at www.chitauomega.com. To learn more about Alpha Kappa Alpha Sorority, Incorporated please visit our international website at www.aka1908.com.

Thank You,

Mrs. Sharron V. Porter, President,
Chi Tau Omega Chapter

Ms. Lorraine D. Davis
Scholarship Committee Chairman



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2024 APPLICATION PROCESS

Scholarship applicant must:

- be a full-time student (includes male and female students) at one of the following schools in Newton County – Alcovy High School, Eastside High School, or Newton High School
- be a full-time student (includes male and female students) at one of the following schools in Rockdale County – Heritage High School, Rockdale High School, or Salem High School
- have a minimum GPA of 2.5 (on a 4.0 scale) and submit an official high school transcript; the transcript must cite the applicant's cumulative grade point average

• submit a typed essay (see essay topic and criteria listed in application under ATTACHMENTS)

Topic: Based on financial need, describe how winning this scholarship would impact your future plans

- submit copy of college application verification form
***** If you have your acceptance letter, verification form is not needed*****
- submit a copy of college acceptance letter, once it comes available
- submit (1) signed letter of recommendation from school (teacher--former or present, counselors, principals, etc.)
- submit (1) signed letter of recommendation from a representative of a non-school related community service or organization that the applicant participated in; letter must be on the organization's letterhead; persons writing letter of recommendation should specify relationship or capacity in which they know or have observed the applicant and SIGN the letter

NOTE: Unsigned letters of recommendation will not be accepted; therefore, the application package will be deemed incomplete and will not be considered.

- sign application
- mail completed application along with essay, acceptance letter, official transcript, and letters of recommendation to:

**Alpha Kappa Alpha Sorority, Incorporated
Chi Tau Omega Chapter Attn: Scholarship Committee
P.O. Box 82996
Conyers, GA 30013**

APPLICATION DEADLINE: All materials must be postmarked by April 9, 2024. All information on this form is considered confidential. All materials become the property of Alpha Kappa Alpha Sorority, Inc., Chi Tau Omega Chapter.

****If any items are omitted, applications will be deemed incomplete and will not be considered.**

****Certificates will be presented to the winners during the 2024 Honors Night program at their school.**



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Student's Name: _____ Student ID#: _____ School: _____
Parent's Name: _____
Address: _____
Home Phone # _____ Cell # _____ Email Address: _____

I. **ACADEMIC**

- A. Highest SAT score: _____ B. Highest ACT score: _____
C. Cumulative Grade Point Average (GPA): _____ (on 4.0 scale)

II. **LEADERSHIP AND EXTRACURRICULAR**

Please complete the following information in the applicable spaces provided:

- A. High School Scholastic Awards and Honors. List grade in which award was received.
B. School/Club Activities. Include years participated, offices held, and activities in which you participated.
C. Community service/Church and other Activities/Organizations. Include years participated, offices held, and activities in which you participated.

III. **ATTACHMENTS**

Please attach to this application:

- A. An essay written by the applicant (not to exceed 2 pages, typed, double-spaced, 12pt. font)

Topic: Based on financial need, describe how winning this scholarship would impact your future plans

- B. An official high school transcript; a minimum cumulative GPA of 2.5 (on a 4.0 scale) is required to apply.
C. A copy of a college acceptance letter, if available.
D. One signed letter of recommendation from a teacher (former or present), counselor, or principal.
E. One signed letter of recommendation from non-school related community service or organization in which the applicant participated (on the organization's letterhead).

IV. **COLLEGE INFORMATION**

Itemize your estimated college/technical expenses for one (1) full academic year.

MAJOR/CAREER INTEREST _____

TUITION \$ _____ OTHER (specify) _____
BOOKS \$ _____ TOTAL \$ _____

FINANCIAL RESOURCES: Source of contributions – list **all** contributions known at this time (i.e. parents, other scholarships, grants, etc.). Also, list **all** scholarships you have applied for.

Name	Description	Amount

V. **SIGNATURE** (Application Must Be Signed):

I HEREBY CERTIFY that all statements made herein, and on any attachments, are true and correct to the best of my knowledge.

PRINT NAME _____ STUDENT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____

DISCLAIMER: Providing you become the recipient of the scholarship, a copy of your college acceptance letter **and** proof of enrollment must be received before monies are released. If for any reason, you do not meet our qualifications; this scholarship is null and void.



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Name_____

SCHOOL/WORK/COMMUNITY
(Required format) *Print additional forms if needed*

Category	Year of Participation				Organization/Year
	<i>Place X under year of participation</i>				
List AWARDS Received	Freshman	Sophomore	Junior	Senior	
School Club Activities	Freshman	Sophomore	Junior	Senior	Position/Office Held/Year
Community/Church Service Activity	Freshman	Sophomore	Junior	Senior	Position/Office Held/Year

DISCLAIMER: Providing you become the recipient of the scholarship, a copy of your college acceptance letter **and** proof of enrollment must be received before monies are released. If for any reason, you do not meet our qualifications; this scholarship is null and void.



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Name _____

How did you find out about the scholarship application?

- ☐ Teacher ☐ Student ☐ Counselor ☐ Principal ☐ Newspaper
☐ Website ☐ Church ☐ Member of AKA ☐ Other _____

APPLICANT CHECKLIST

- ☐ All questions answered completely
- ☐ Typed essay (per application guidelines) - **Based on financial need, describe how winning this scholarship would impact your future plans**
- ☐ Official high school transcript (minimum 2.5 cumulative GPA on a 4.0 scale required to apply)
- ☐ List all awards, community service, school, church activities—related activities participated in during Freshman, Sophomore, Junior and Senior years on sheet provided (required format) if more space is needed, please attach additional information to application
- ☐ High School recommendation current letter - **Must be typed and signed by school representative**
- ☐ Community recommendation current letter - **Must be typed on official letter head and signed**
- ☐ Application must be postmarked by **Midnight, April 9, 2024**
- ☐ **Parent and student must sign application**

Submit complete application (reproduced copies accepted) attachments, official transcript, and letters of recommendations to:

**Alpha Kappa Alpha Sorority, Incorporated
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Attn: Scholarship Committee
P.O. Box 82996
Conyers, GA 30013**

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