Ethnic-Minority Scholarship Application

Alpha Kappa Alpha Sorority, Inc. Alpha Lambda Omega Chapter in Partnership With ALO Foundation Inc.

Ethnic-Minority Scholarship* Competition *** PLEASE USE GOOGLE FORM ***

This application is also available at https://alphalambdaomega.org/

NAME:			
(First)	(Middle Initial)	(Last)	
HOME ADDRESS:			
MOBILE PHONE:	EMAIL:		
PARENT/GUARDIAN NAME:	OCCUPA	ATION:	
PARENT/GUARDIAN PHONE NUMBER	:		
PARENT/GUARDIAN EMAIL:			
LEGACY APPLICATION (Has to be a member Name of Alpha Lambda Omega Chapter Me		*	NO
ANNUAL HOUSEHOLD INCOME: (pleas\$50,000 or less\$50,000 or mo		e\$90,000 or more	
NUMBER OF SIBLINGS UNDER 18 LIVING IN T	ΓHE HOUSEHOLD: NUME	BER OF SIBLINGS IN COLLEGE:	
NUMBER OF PEOPLE IN HOUSEHOLD			
NAME OF HIGH SCHOOL:			
HIGH SCHOOL HONORS/AWARDS: (Li	st here or attach separate shee	et)	
SCHOOL ACTIVITIES: (High School only	y; List here or on resume)		
	. ,		

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LEADERSHIP POSITIONS: (School or Community)
COMMUNITY ACTIVITIES: (High School only; List here or on resume)
WORK EXPERIENCE:
LIST THE NAME OF THE COLLEGE YOU HAVE BEEN ADMITTED TO OR PLAN TO ATTEND:
LIST THE SOURCE AND AMOUNT OF ANY OTHER SCHOLARSHIPS YOU HAVE RECEIVED:
NAME OF COLLEGE/UNIVERSITY FOR FALL 2024COLLEGE/UNIVERSITY STUDENT ID#
All materials submitted with the application will become the property of ALO Foundation Inc., Alpha Kappa Alpha Sorority, Inc., and may be used for promotional purposes. Submission of an application constitutes your authorization and release.
SIGNATURE OF APPLICANT:
PARENT/GUARDIAN SIGNATURE
DATE:

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The annual scholarship competition is open to Mecklenburg County high school seniors of African American or African diaspora culture.

Scholarship recipients will be awarded a one-time scholarship to help with college expenses.

Who is Eligible: Applicants who meet the following criteria:

- GPA of 2.5 or higher
- Demonstrated leadership capabilities (church, school, community service)
- Evidence of financial need
- Resident of Mecklenburg County (legacy applicants exempt)
- Entering college or university as a freshman in the Fall of scholarship year

Please remember to submit all <u>REQUIRED DOCUMENTS</u> listed below with your application packet:

- 1. Completed Application
- 2. One-page typed essay demonstrating financial need and why applicant desires the scholarship
- 3. Two letters of support from school, community, church, or employers. Letters need to be signed.
- 4. An official transcript, listing class rank and GPA
- 5. Copy of acceptance letter from the institution the student plans to attend

Application packets MUST be submitted ELECTRONICALLY by April 12, 2024

Visit our website at https://alphalambdaomega.org/Ethnic-Minority-Scholarship for the link to complete and submit your application packet. You must complete the Google form and attach a PDF file with all the required application documents listed above. The PDF file should be named "EMS-Full Name".

Please email questions to scholarship@alphalambdaomega.org

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^{*} Recipients who are selected and who will be attending a four-year college or university will receive a one-time scholarship up to \$2,000 scholarship, and those who will be attending a community college will receive a one-time scholarship up to \$1,000 scholarship.