

Ethnic-Minority Scholarship Application  
**Alpha Kappa Alpha Sorority, Inc.**  
**Alpha Lambda Omega Chapter in Partnership**  
**With ALO Foundation Inc.**  
**Ethnic-Minority Scholarship\* Competition**

\*\*\* PLEASE PRINT OR TYPE \*\*\*

This application is also available at [www.alphalambdaomega.org](http://www.alphalambdaomega.org)

NAME: \_\_\_\_\_  
(First) (Middle Initial) (Last)

HOME ADDRESS: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ETHNICITY: (check one) \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Black/African-American  
\_\_\_\_\_ Hispanic \_\_\_\_\_ Native American or Alaskan Native  
\_\_\_\_\_ Other \_\_\_\_\_ (please indicate)

PARENT/GUARDIAN NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

PARENT/GUARDIAN PHONE NUMBER: \_\_\_\_\_

PARENT/GUARDIAN EMAIL: \_\_\_\_\_

LEGACY APPLICATION (Has to be a member of Alpha Lambda Omega Chapter of AKA) \_\_\_\_\_ YES \_\_\_\_\_ NO

Name of Alpha Lambda Omega Chapter Member \_\_\_\_\_

ANNUAL HOUSEHOLD INCOME: (please check one)  
\_\_\_\_\_ \$60,000 or less \_\_\_\_\_ \$60,001 or more

NUMBER OF SIBLINGS UNDER 18 LIVING IN THE HOUSEHOLD: \_\_\_\_\_ NUMBER OF SIBLINGS IN COLLEGE: \_\_\_\_\_

NUMBER OF PEOPLE IN HOUSEHOLD \_\_\_\_\_

NAME OF HIGH SCHOOL: \_\_\_\_\_

HIGH SCHOOL HONORS/AWARDS: (List here or attach separate sheet)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SCHOOL ACTIVITIES: (High School only; List here or on resume)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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LEADERSHIP POSITIONS: (School or Community)

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COMMUNITY ACTIVITIES: (High School only; List here or on resume)

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WORK EXPERIENCE:

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LIST THE NAME OF THE COLLEGE YOU HAVE BEEN ADMITTED TO OR PLAN TO ATTEND:

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LIST THE SOURCE AND AMOUNT OF ANY OTHER SCHOLARSHIPS YOU HAVE RECEIVED:

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NAME OF COLLEGE/UNIVERSITY FOR FALL 2021

COLLEGE/UNIVERSITY STUDENT ID#

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All materials submitted with the application, including photographs, 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:

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PARENT/GUARDIAN SIGNATURE

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DATE:

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**PLEASE REMEMBER TO SUBMIT THE FOLLOWING ITEMS WITH YOUR APPLICATION:**

1. One-page typed essay demonstrating financial need and why applicant desires the scholarship
2. Two letters of support from school, community, church or employers. Letters need to be signed.
3. An official transcript, listing class rank and GPA
4. Copy of acceptance letter from the institution the student plans to attend
5. Head shot photograph of applicant; examples: passport, school or professional photo (no selfies)
6. SAT scores **or** ACT scores

*\* 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.*

**APPLICATION PACKETS MUST BE POSTMARKED BY *May 7, 2021***  
**MAIL PACKETS TO:**

**Alpha Kappa Alpha Sorority Incorporated®**  
**ALO Foundation Inc.**  
P. O. Box 33296  
Charlotte, North Carolina 28233

Please email questions to [scholarship@alphalambdaomega.org](mailto:scholarship@alphalambdaomega.org)