

*Gamma Upsilon Omega Chapter of Alpha Kappa Alpha Sorority, Inc  
and  
Ivy Foundation of Hampton, Inc.  
Margaret LaFairet Brown Smith, Mae Barbee Pleasant and Doris Curry Parks  
Continuing Education Scholarship Application Guidelines*

**PURPOSE**

To award scholarships to undergraduate students who have completed at least one year in an accredited degree granting institution, graduated from a Hampton (VA) City Public School, are planning to continue their program of education and can demonstrate academic excellence, community service and financial need.

**ELIGIBILITY CRITERIA**

- *College student classified as a sophomore, junior, or senior.*
- *Enrolled full-time in a four, five or six year program at a four year college.*
- *Graduated from a Hampton (VA) City Public School (Bethel, Hampton, Kecoughtan, or Phoebus High School).*
- *Have a cumulative grade point average of 3.0 or higher.*

**SCHOLARSHIP APPLICATION PACKET REQUIREMENTS**

1. A signed scholarship application. The application must be typed (New Times Roman font – 12 inch).
2. An **official** transcript.
3. **A formal “head shot” photograph that focuses upon your face.** Please note a photograph release form should be completed and formally signed by you.
4. **Proof** of attendance at a Hampton City High School.
5. A typed (1) **one page** essay describing professional objectives, personal and academic goals and how your chosen major will help achieve your goals (Double-spaced, 12 inch font, Times New Roman.)
6. Three (3) **signed** letters of recommendation, two from your advisor and/or professor(s) and one personal reference. The recommendation letters must be typed. (New Times Roman – 12 inch).
7. **Documented** proof of participation in volunteer/community/church and school activities.

**AWARD AMOUNT**

A one thousand dollar (\$1,000.00) award will be sent directly to the institution where the student is enrolled.

**DEADLINE:**

**Completed applications and all supporting documents must be postmarked no later than Friday, February 2, 2018. Mail the completed application and documents to the address below:**

Gamma Upsilon Omega Chapter  
**Attn: Scholarship Committee**  
Alpha Kappa Alpha Sorority, Inc  
P.O. Box 7825  
Hampton, VA 23666

**Please Note: WE WILL NOT BE ABLE TO CONSIDER INCOMPLETE APPLICATIONS OR APPLICATIONS THAT ARE NOT POSTMARKED BY FRIDAY, FEBRUARY 2, 2018.**

*Gamma Upsilon Omega Chapter of Alpha Kappa Alpha Sorority, Inc  
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Continuing Education Scholarship Application Form*

**THE APPLICATION FORM MUST BE TYPED**

**Name of Applicant:**

\_\_\_\_\_

Last	First	Middle
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Address \_\_\_\_\_  
Include Zip Code

Home Number (\_\_\_\_) \_\_\_\_\_ Mobile Number (\_\_\_\_) \_\_\_\_\_

Do you have text capability on your cellular phone? \_\_\_\_ YES \_\_\_\_ NO

Email \_\_\_\_\_

High School attended: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

College/University Major: \_\_\_\_\_ Career Choice: \_\_\_\_\_

Grade Point Average (GPA): \_\_\_\_\_

**School Activities (include any offices held):**

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

**Volunteer/Community/Church Activities (include any offices held):**

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

**Work Experience:**

**Dates of Employment:**

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**Family Information:**

**Parent/Guardian Name(s) and Relationship**

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**Occupation(s)**

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**Employer(s)**

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**Total Family Taxable Income (as indicated on Federal Income Tax forms):**

\_\_\_\_\_ \$0 – \$20,000    \_\_\_\_\_ \$21,000 – \$40,000    \_\_\_\_\_ \$41,000 – \$60,000    \_\_\_\_\_ above \$60,000

**List all children and/or dependents in the immediate household (excluding the applicant):**

**Name**

**Age**

**School**

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**Please indicate any unusual expenses or financial burdens presently faced by your family that you feel the committee needs to know (Please use an attachment if needed):**

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Have you received other scholarships? \_\_\_\_ YES \_\_\_\_ NO

If so, what is the approximate amount? \$ \_\_\_\_\_

Four-year college or university where scholarship monies will be sent:

Name of College/University : \_\_\_\_\_

Address of College/University: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHOTOGRAPH:** Include a formal “head shot” photograph that focuses upon your face. Please note the photograph release form is included within this application and should be completed and signed with your official signature.

I certify that all of the information and the photograph included in this packet is factual and true and that the essay submitted is the original work of this applicant. Any information that has been falsified or misrepresented may result in the withdrawal of this applicant from the selection process and forfeiture of any scholarship.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEADLINE:** Completed applications and all supporting documents and photograph must be postmarked no later than Friday, February 2, 2018. Mail the completed application packet to:

Gamma Upsilon Omega Chapter  
Attn: Scholarship Committee  
Alpha Kappa Alpha Sorority, Inc.  
P.O. Box 7825 Hampton, VA 23666

**ALPHA KAPPA ALPHA SORORITY, INCORPORATED  
GAMMA UPSILON CHAPTER &  
IVY FOUNDATION OF HAMPTON, Inc.**

**PUBLIC RELATIONS COMMITTEE  
PHOTOGRAPHIC CONSENT, PERMISSION, AND RELEASE FORM  
*(Please read carefully before signing)***

I hereby grant permission to the above named organization to use my photograph/likeness in its newsletters, magazine, newspaper publications, website or in printed publications. I also acknowledge that the above named organization reserves the right to discontinue use of my photograph with or without notice. It is hereby noted that I understand and agree that all photographic images and/or likenesses will become the property of the Alpha Kappa Alpha Sorority, Inc. Gamma Upsilon Chapter and Ivy Foundation of Hampton, Inc. and used and/or shared at their discretion.

**SIGNATURE:** \_\_\_\_\_

**NAME (Print):** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_