



December 1, 2021

To Prospective Continuing Education Scholarship Applicants:

Alpha Kappa Alpha Sorority, Incorporated, is America's first and oldest Greek-letter organization for African American college/university women within the United States. <http://aka1908.com/> Currently we boast a membership of over 300,000 college educated women in the United States, Caribbean, Germany, Japan, Korea and Africa.

Alpha Kappa Alpha Sorority, Incorporated was founded on the campus of Howard University in 1908. Our organization has an established tradition of rewarding students who have achieved academic excellence and have a desire to pursue a higher education.

In keeping with this tradition, the Gamma Upsilon Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated and The Ivy Foundation of Hampton, Incorporated, supports the academic efforts of student(s) by awarding a **one thousand dollar (\$1,000.00) scholarship award, to eligible undergraduate students**. Our scholarship targets students who have demonstrated exceptional commitment to service throughout their respective university/college, the community and various aspects of academic achievement. The selection process is also sensitive to students with a financial need.

To ensure that your application is considered, you must complete and submit the completed application packet as outlined on the **Eligibility Criteria Letter**. In addition, the application packet must be postmarked by the March 15, 2021 deadline date for consideration by the Gamma Upsilon Omega Scholarship Committee.

Sincerely,  
*Tandie Taliaferro*

Ms. Tandie Taliaferro, President  
Alpha Kappa Alpha Sorority, Inc.  
Gamma Upsilon Omega Chapter

*Nicole Francisco Bailey*

Mrs. Nicole Francisco Bailey  
Alpha Kappa Alpha Sorority, Inc.  
Gamma Upsilon Omega Chapter

*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. **Proof** of attendance at a Hampton City High School. (Transcript and/or Notarized letter)
3. A current **official** transcript from the college/university you attend.
4. A formal **“corporate attire head shot”** photograph that focuses only upon your face. If you take your own professional headshot the photograph should include a bright or natural light source. The background may be a simple wall, natural landscape or clutter free area. Please review the photograph release form included within this application and sign with your official signature.
5. Prepare a typed **three (3) page** essay describing your academic, personal and professional objectives/ goals. Discuss how your chosen major will help achieve your future career goals. (Double-spaced, 12 inch font, Times New Roman.)
6. Three (3) **signed** letters of recommendation, two (2) from your advisor and/or professor and one (1) personal reference from service organizations and/or church. 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 at the beginning of the following fall academic semester.

**DEADLINE:**

**Completed applications and all supporting documents must be postmarked no later than Monday, March 15, 2021. Mail the completed application and documents to the address below:**

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

*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 Form*

**THE APPLICATION FORM MUST BE TYPED**

Name of Applicant

\_\_\_\_\_

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

Home Phone Number \_\_\_\_\_ Mobile Phone Number \_\_\_\_\_  
(include area code) (include area code)

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

Email \_\_\_\_\_

Current University/ College \_\_\_\_\_ Major \_\_\_\_\_

Class Rank \_\_\_\_\_ out of \_\_\_\_\_ Grade Point Average (GPA): \_\_\_\_\_

School Activities (include any offices held)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

**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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**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 – \$20,999      \_\_\_\_ \$21,000 – \$40,999      \_\_\_\_ \$41,000 – \$60,999

\_\_\_\_ \$61,000– \$80,999      \_\_\_\_ \$81,000 – \$90,999      \_\_\_\_ \$91,000 and above

**List all children and/or dependents in your household:**

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? \$ \_\_\_\_\_

List the colleges/universities for which you plan to apply for admission or have already submitted an application.

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**PHOTOGRAPH:** Include a formal “*corporate attire head shot*” photograph that focuses only upon your face. Please note the photograph release form is included within this application and should be completed and signed with you and your parent and/or guardians’ official signature.

I certify that all of the information 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 my application from the selection process and forfeiture of the scholarship.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEADLINE: Completed applications and all supporting documents and photograph must be postmarked no later than Monday, March 15, 2021. Mail the completed application packet to:**

Alpha Kappa Alpha Sorority, Incorporated  
Gamma Upsilon Omega Chapter  
*Attn: Scholarship Committee*  
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 use my photograph/likeness in its newsletters, magazine, newspaper publications, website or in printed publications. I also acknowledge 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.

STUDENT NAME (Print): \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

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

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

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_