



January 15, 2025

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, Inc., supports the academic efforts of student(s) by awarding a **one thousand dollar (\$1000.00) 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 in the Eligibility Criteria by Tuesday, April 1, 2025.

Sincerely,

Alyssa Boone

Ms. Alyssa Boone, President
Alpha Kappa Alpha Sorority, Incorporated
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.*
- *Have a cumulative grade point average of 3.0 or higher.*
- *Graduated from a Hampton (VA) City Public School (Bethel, Hampton, Kecoughtan, or Phoebus High School).*

SCHOLARSHIP APPLICATION PACKET REQUIREMENTS

1. A signed scholarship application. The application must be typed (New Times Roman font – 12 inch).
2. An **official** university/college transcript.
3. A formal “***head shot***” photograph that focuses only 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. (Transcript and/or Notarized letter)
5. A typed three (3) 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 (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 (\$1000.00) 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 Tuesday, April 1, 2025. 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)

Work Experience

Dates of Employment

Family Information:

Parent/Guardian Name(s) and Relationship

Occupation(s)

Employer(s)

Parent/Guardian Name(s) and Relationship

Occupation(s)

Employer(s)

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

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):

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.

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: _____

NAME OF YOUR ENROLLED UNIVERSITY/COLLEGE _____

DEADLINE: Completed applications and all supporting documents and photograph must be postmarked no later than Tuesday, April 1, 2025. 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 OMEGA 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: _____