



2023 Delta Omega Chapter Scholarship Application

Thank you for your interest in the 2023 Delta Omega Chapter Scholarship Application. Deadline for submission is March 30, 2023 at 11: 59 pm.

Date *

Month Day Year

Name *

First Name Last Name

Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Cell Phone Number *

Area Code Phone Number

Home Phone Number

Area Code Phone Number

Email

*

Yes, I would like to receive application reminders and updates via text. * *

YES

NO

Gender *

Male

Female

Other

Prefer not to say

Name of Father/Guardian *

Occupation

Employment Company Name

Name of Mother/Guardian *

Occupation

Employment Company Name *

Number of brothers in your household and ages *

Number of sisters in your household and ages

*

High School Attending * *

Thomas Dale HS
Lloyd C Bird HS
Dinwiddie HS
Petersburg HS
Matoaca HS
Appomattox Regional Governor's School
Prince George HS
Sussex Central HS
Colonial Heights HS
Hopewell HS

College you plan to attend *

Virginia State University
Virginia Union University
Hampton University
Norfolk State University
Virginia University of Lynchburg
Other HBCU

If other HBCU; please list below

Anticipated Major *

Extracurricular activities, special skills, awards, accomplishments: *

List of honors, scholarships, and special recognitions:

*

List of community service activities and leadership roles held: *

List of organizations you are involved in and leadership positions held: *

Personal Goal Statement: Please write a short essay of not less than 150 words about your future career aspirations and how this scholarship will enhance your opportunity to meet your goals. Please be specific. *

I have submitted via email: Three (3) professional letters of recommendation. *

YES

NO

I have submitted via email: Most recent official high school transcript *

YES

NO

The following items must be attached or included to this application for the application to qualify to be reviewed by the scholarship committee. Check to be sure you have attached or included

each item as required.

*

Three (3) professional letters of recommendation.

Most recent official high school transcript.

Federal Student Aid Report (SAR) or copy of family's most recently completed Federal Income Tax

Personal Goal Statement (Essay)

I have submitted via email: Federal Student Aid Report (SAR) or copy of family's most recently completed Federal Income Tax *

YES

NO

Other Document (Community Service Hours, Essay, Resume, etc.)

YES

NO

Moral Statement of Accuracy:

I certify that I have considered each question carefully and that my statements are true and complete to the best of my knowledge. I understand that my request for a scholarship may be disqualified if any information is found to be untrue.

I hereby understand that if chosen as a scholarship winner, according to Alpha Kappa Alpha Sorority, Incorporated®, Delta Omega Chapter policy. I must provide evidence of enrollment /registration at the college or university of my choice before the scholarship will be paid to the institution of higher learning.

I understand this scholarship shall only be used for college related expenses. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Alpha Kappa Alpha Sorority, Inc. Delta Omega Chapter Scholarship Program.

(Please Type Your Full Name Below) *