



ALPHA KAPPA ALPHA SORORITY, INCORPORATED®

IOTA NU OMEGA CHAPTER

Doris Gilbert Book Award, Lorraine Coleman Book Award, Iota Nu Omega Scholarship, and the HBCU Award

Scholarship Qualifications

Application Deadline: May 6, 2024

Alpha Kappa Alpha Sorority, Incorporated.®, founded in 1908, is the first Greek-lettered organization established in the United States by Black women. The Syracuse Chapter of Alpha Kappa Alpha Sorority, Inc.® awards four scholarships to Black female students who are involved in their community and demonstrate good academic and moral character. The Syracuse Chapter of Alpha Kappa Alpha Sorority, Inc. is eager to reach as many eligible students as possible. Please distribute the enclosed information and encourage students to apply.

Email completed applications to:

Attention: Priscilla Markland, Scholarship Committee, akainoscholarships@gmail.com

Who is eligible?

Any female who is of African descent (African-American, Black, Caribbean, and Central/South American) and

- Is in the last semester of high school;
- Is accepted to and will attend an accredited two or four-year institution of higher learning.

Who is ineligible?

- Members of Alpha Kappa Alpha Sorority Inc. and their families are ineligible. Family members include children, siblings, nieces, and granddaughters.

Submit the following by the deadline:

- A completed **typed** or **neatly printed** application form
- Two (2) letters of recommendation - The recommendation letter should be addressed to Alpha Kappa Alpha Sorority, Inc.
- A **one-page** essay (500 word max.) describing educational plans, career goals, aspirations and interests
- Official High School Transcript (emailed directly from your School Counselor)
- Copy of college acceptance letter
- A application reviewed and signed by your School Counselor

You may scan all documents into one Adobe file and send via email. Application documents submitted individually (with the exception of your transcript) will not be accepted for consideration.

P.O. BOX 82, 444 S. SALINA STREET, SYRACUSE, NEW YORK 13201



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Please type directly on application and answer all questions completely. Your information is confidential.

A. APPLICANT INFORMATION

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Birthdate _____

E-mail address _____

High School Name _____

Expected Graduation Date _____

Applicant's Parents/Guardians:

Name(s) _____

Address _____ City _____ State _____ Zip Code _____

Phone _____

B. EDUCATIONAL PLANS

Have you been accepted to a college and/or university for fall semester, 2021? Yes ___ No ___

Name of institution you plan to attend _____

Academic Major _____

Include a copy of your acceptance letter with the scholarship application.



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C. ACTIVITIES

Work Experience. List the jobs (including part-time and summer jobs) you have held while attending high school.

Employer	Duties	Year

Organization/Club Affiliations. List your on-campus and off-campus extracurricular activities & community service activities (other than jobs) in which you have been involved since entering high school. (Continue on a separate sheet if needed).

Organization	Your most significant contribution	Year



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Awards/Recognition. List and describe any special honors and awards, either in or out of school, since you have entered high school (continue on a separate sheet if needed).

Awards/Recognition	Sponsoring Organization	Year

D. ESSAY

Prepare a typed essay describing your educational plans, career goals, aspirations and interests with a maximum of 500 words.



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E. RECOMMENDATIONS AND REFERENCES

List two references. One must be from a school official that is knowledgeable of your academic strengths and community involvement. Request a letter of recommendation from each reference listed below and include the recommendation with the application. **Recommendations are addressed to the Scholarship Committee.**

1. Name _____
Address _____
Phone _____ Relationship to applicant _____
Email _____

2. Name _____
Address _____
Phone _____ Relationship to applicant _____
Email _____

Signature of Applicant _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

Signature of School Counselor _____ **Date** _____

Email completed applications to:

Alpha Kappa Alpha Sorority, Incorporated
Attention: Priscilla Markland, Scholarship Committee
akainoscholarships@gmail.com