



Alpha Kappa Alpha Sorority, Incorporated®
Eta Nu Omega Chapter



2023 Scholarship Application
(Please Type or Print Neatly)

Name: _____ **DOB:** _____
Last First

Address: _____ **Home Phone:** _____

City _____ **State** _____ **Zip Code** _____

Email Address: _____ **Student Cell Phone #** _____

High School _____ **Date of Graduation** _____

Please select one county

☐

Riverside County

☐

San Bernardino County

Parent/Guardian: Name _____ **Occupation** _____

Parent/Guardian: Name _____ **Occupation** _____

Annual Family Income:

_____ **\$ 0-\$25,000** _____ **\$25,001-\$50,000** _____ **\$50,001-\$75,000**

_____ **\$ 75,001-\$100,000** _____ **Over \$100,000**

Number of dependent children residing in the home _____ **Ages** _____

College Choice(s):

Name of College	Probable Major	Date	
		Applied	Accepted

SAT (Optional) Score: Critical Reading_____Math_____Writing_____

ACT (Optional) Composite Score_____

Number of AP Courses Taken_____ Number of IB Courses Taken_____

FAFSA confirmation page with EFC attached? Yes____EFC_____No _____

*****Verification of GPA, Optional Standardized Test Scores, Class Rank with an official Transcript MUST be emailed through Parchment and Counselor MUST sign below (digital signatures are also accepted). Failure to do so will result in an incomplete scholarship application.**

Two letters of recommendation one of which MUST be from a school counselor or instructor sent directly to Dr. Mariyon Thompson mthompso3@aol.com:

First and Last Name of Recommender 1 _____

First and Last Name of Recommender 2 _____

Counselor's Printed Name:	Signature of Counselor:	Date:

Briefly describe why you should be considered for this scholarship.

Activities (Please list dates by academic year):

School:

Community:

Honors/Awards:

Biographical Sketch:

On a separate sheet of paper, please submit a double spaced, typed essay about yourself (approximately 150-200 words). Please include information highlighting your educational aspirations, favorite subject, teacher or influential person, interests and career goals. Lastly, include a memorable moment that has influenced your life as well as any special needs or circumstances that should be considered such as but not limited to foster, home schooled, etc.

Signature _____ **Date** _____

Deadline for submitting application is Tuesday, April 18, 2023

Please email all application information to:
Eta Nu Omega Scholarship Chairman
Dr. Mariyon Thompson mthomps03@aol.com