

Alpha Kappa Alpha Sorority, Incorporated ® Eta Nu Omega Chapter



2020 Scholarship Application

Name:			Age:
Last	First	Middle	
Address:		Home Phone:	
CitySta	ate	Zip Code	
Email Address:		Student Cell Phone #	
High School		Date of Graduation	
Parent/Guardian #1: Name		Occupation	
Parent/Guardian #2: Name		Occupation	
Number of dependent children 1	residing in the ho	meAges	
Number of children currently e	nrolled in college	or will be enrolled for Fall	2020-2021

College Choice(s):

Name of College	Probable Major	Date	
		Applied	Accepted

SAT Score: Reading_____Math____Writing (optional)

ACT Composite Score_____

 Number of AP Courses Taken
 Number of IB Courses Taken

FAFSA confirmation page with EFC attached? Yes_____No_____

***Verification of GPA, Standardized Test Scores, Class Rank with an official Transcript **<u>MUST</u>** be attached to this scholarship application and a School Counselor MUST sign below. Failure to do so will result in an incomplete scholarship application.

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

Briefly describe why you should be considered for this scholarship.

Activities (Please list):	
School and Community:	
Honors/Awards:	
Biographical Sketch:	
Signature	Date
•	
	rked by Friday, March 13, 2020. ication information to:
	holarship Chairman
Mariyon 7	Thompson
	af Canyon Rd
Beaumont, Ca	alifornia 92223

If you have any questions, please contact Mrs. Mariyon Thompson (951) 751-3105 or email: mthompso3@aol.com