ALPHA KAPPA ALPHA SORORITY, INCORPORATED ${ }^{\circledR}$ BETA EPSILON OMEGA CHAPTER Teleesa Payne Mason, President Frances M. Duvall Scholarship Program Dr. Fannie Spence Leake Memorial Scholarship Rules and Regulations 2019

## Scholarship Instructions

1. Dr. Fannie Spence Leake Memorial Scholarship, in the amount of $\$ 1,000.00$, may be awarded to an applicant who submits:
a. a 325-500 word essay on the topic listed below.
b. documented evidence of 20 hours of community service.
2. All materials become the property of Alpha Kappa Alpha Sorority, Incorporated - Beta Epsilon Omega Chapter. Information and pictures submitted with applications for consideration will not be returned.
3. The applicant must write a 325-500 word essay on the topic: Explain how your community service experience has prepared you to be a leader. The essay must be typewritten, doublespaced, and should not exceed two pages. Applicants should include the topic at the top of their essay, but should not include their name on or within the essay.
4. Mail application and attachments to:

Alpha Kappa Alpha Sorority, Incorporated- Beta Epsilon Omega Chapter
Attention: Dr. Erin Y. Luster
P.O. Box 770274

Memphis, TN 38177
5. The completed application, essay, transcript, reference letters, and photograph must be postmarked by February 22, 2019. Scholarship finalists will be contacted via email regarding the interview schedule no later than March 8, 2019. Finalists must schedule an interview via Sign-up Genius by March 15, 2019. Interviews will be held on March 23, 2019.
6. The Frances M. Duvall Scholarship awards reception will be held in April 2019.

# ALPHA KAPPA ALPHA SORORITY, INCORPORATED ${ }^{\circledR}$ beta epsilon omega chapter <br> Teleesa Payne Mason, President Frances M. Duvall Scholarship Program <br> Dr. Fannie Spence Leake Memorial Scholarship 

## I. Demographic Information

Applicants may print or type.

Student's Full Name

Current Mailing Address

| City, State | Zip |
| :--- | :--- |
| $\left(\begin{array}{ll}\text { ) } & \\ \hline \text { Home Phone Number } & \left(\begin{array}{l}\text { ) }\end{array}\right. \\ \hline\end{array}\right.$ Alternate Phone Number |  |

E-mail Address

High School

Mailing Address

| City, State | Zip |
| :--- | :--- |
| School Representative's Name | ( ) Phone Number |
| Parent/Guardian's Name |  |
| $\left(\begin{array}{ll}\text { Home Phone Number } & \text { ( ) } \\ \hline\end{array}\right.$ |  |

E-mail Address

## II. Academic Scholarship Application Criteria

$\square$ Dr. Fannie Spence Leake Memorial Scholarship - Applicants must

- obtain the signature of a school representative.
- present documented evidence of 20 hours of community service

School Representative's Signature: $\qquad$

School Representative's Title: $\qquad$ Date: $\qquad$

## III. Academic Information

| Grade Point Average (minimum of 3.0 on a 4.0 unweighted scale) Class Rank Size | Class |  |
| :--- | :--- | :--- | :--- |
| Highest Composite ACT Score (minimum of 19) | $\underline{\text { and/or }}$ | Highest Composite SAT Score (minimum of 940) |

Academic Honor/Award Date(s) Awarded
Academic Honor/Award Date(s) Awarded

Academic Honor/Award
Date(s) Awarded

## IV. Activities

Applicants may attach additional pages or include a résumé if necessary.

Activity (Extra-Curricular/Civic/Religious)
Date(s) of Involvement

Activity (Extra-Curricular/Civic/Religious) Date(s) of Involvement

| Activity (Extra-Curricular/Civic/Religious) | Date(s) of Involvement |
| :--- | :---: |
| Activity (Extra-Curricular/Civic/Religious) | Date(s) of Involvement |
| Activity (Extra-Curricular/Civic/Religious) | Date(s) of Involvement |

## V. Academic Scholarship Application Attachment Checklist

D Documentation of 20 hours of Community Service

- Academic Scholarship Application (include 4 copies)
$\square$ Essay (include 4 copies)
I Official Transcript (include one sealed copy) with ACT or SAT scores
- Three unofficial Transcripts with ACT or SAT scores
$\square$ Two Letters of Reference (include 1 copies of each)
$\square$ Photograph (include 1 copy)

By signing below, I certify that all documents listed above are included in the scholarship application package. I understand that incomplete scholarship application packages will not be processed for awards. If selected for an interview, I understand that interviews will be granted to applicants who select an available interview time on or before March 15, 2019. If awarded a scholarship, I understand that I must enroll in college and claim the award during the Fall 2019 semester.

Applicant's Signature: $\qquad$ Date: $\qquad$

Parent/Guardian's Signature: $\qquad$ Date: $\qquad$

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Attention: Dr. Erin Y. Luster
P.O. Box 770274

Memphis, TN 38177

