

ALPHA KAPPA ALPHA SORORITY, INCORPORATED® 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.
- 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, double-spaced, and should not exceed two pages. Applicants should include the topic at the top of their essay, but should <u>not</u> include their name on or within the essay.
- 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
- The completed application, essay, transcript, reference letters, and photograph must be postmarked by <u>February 22, 2019</u>. Scholarship finalists will be contacted via email regarding the interview schedule no later than <u>March 8, 2019</u>. Finalists must schedule an interview via Sign-up Genius by <u>March 15, 2019</u>. Interviews will be held on <u>March 23, 2019</u>.
- 6. The Frances M. Duvall Scholarship awards reception will be held in <u>April 2019</u>.



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I. DEMOGRAPHIC INFORMATION

Applicants may print or type.

Student's Full Name	
Current Mailing Address	
City, State	Zip
()	()
Home Phone Number	Alternate Phone Number
E-mail Address	
High School	
Mailing Address	
City, State	Zip
School Representative's Name	() Phone Number
School Representative s Name	
Parent/Guardian's Name	
()	()
Home Phone Number	Alternate Phone Number

E-mail Address

II. ACADEMIC SCHOLARSHIP APPLICATION CRITERIA

- **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:		
School Representative's Title:	Date:	
III. ACADEMIC INFORMATION		
Grade Point Average (minimum of 3.0 on a 4.0 unweighted so	cale) Class Rank Class Size	
Highest Composite ACT Score (minimum of 19) <u>and/or</u>	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		
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

- Documentation of 20 hours of Community Service
- □ Academic Scholarship Application (include 4 copies)
- Essay (include 4 copies)
- □ Official Transcript (include one sealed copy) with ACT or SAT scores
- □ Three unofficial Transcripts with ACT or SAT scores
- Two Letters of Reference (include 1 copies of each)
- □ 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:	Date:	

Parent/Guardian's Signature:_____ Date:_____

Mail Academic Scholarship 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