

ALPHA KAPPA ALPHA SORORITY, INCORPORATED® BETA EPSILON OMEGA CHAPTER Teleesa Payne Mason, President Frances M. Duvall Scholarship Program Goodwill Promise Scholarship Rules and Regulations 2019



SCHOLARSHIP INSTRUCTIONS

- 1. The Goodwill Promise Scholarship, in the amount of \$1,000.00, may be awarded to an applicant who displays academic promise and who is a first-generation college student or displays a financial need.
- 2. Applicants may only apply in <u>one</u> scholarship category within the Frances M. Duvall Scholarship **Program.** Applicants who apply in more than one category will be eliminated from the competition.
- 3. 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.
- 4. The applicant must write a 325-500 word essay on one of the following topics:
 - A. Describe the impact of political involvement on the society. Provide examples to support your position.
 - B. How does a healthy lifestyle affect psychological, physical, and social development? Provide examples to support your position.
 - C. As a future leader, how can you effect change in your community? Include specific examples in your writing.
 - D. Explain the importance of gender equality in education in today's society. Include examples to support your opinion.
 - E. What are the advantages and disadvantages of social media as a means of communication? Include examples to support your position.

The essay must be typewritten, double-spaced, and should not exceed two pages. Applicants should include the selected topic at the top of their essay, but should <u>not</u> include their name on or within the essay.

5. 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 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>.
- 7. The Frances M. Duvall Scholarship awards reception will be held in <u>April 2019</u>.



ALPHA KAPPA ALPHA SORORITY, INCORPORATED® BETA EPSILON OMEGA CHAPTER Teleesa Payne Mason, President Frances M. Duvall Scholarship Program Goodwill Promise Scholarship



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
	<i>i</i> .
	()
Nominating School Representative's Name	Phone Number
Parent/Guardian's Name	
()	()
Home Phone Number	Alternate Phone Number

E-mail Address

II. ACADEMIC SCHOLARSHIP APPLICATION CATEGORY

Please select only <u>one</u> **category.** Applicants who apply in more than one category will be eliminated from the competition. *Multiple scholarships will be awarded.*

□ First-Generation College Student

Applicants in this category express that neither parent has obtained a Bachelor's degree or a more advanced degree. Applicants must meet the established criteria and obtain the signature of a school representative.

Financial Need

Applicants in this category provide the information below as documentation of financial need. Applicants must meet the established criteria and obtain the signature of a school representative.

Household Size ______ Total Family Income: _____

To determine your household size, include:

- 1. your parent(s)/guardian(s);
- the number of children (even if they do not live with you) who will receive more than half of their support from your parent(s)/guardian(s) between July 1, 2019 and June 30, 2020. You should include yourself and you may include any unborn children if they will be born during the school year; and
- the number of people (not your children or spouse) who live with you and receive more than half of their support from your parent(s)/guardian(s), and will continue to receive more than half of their support from your parent(s)/guardian(s) between July 1, 2019 and June 30, 2020.

High School Representative's Signature:	

High School Representative's Title:		Date:	
--	--	-------	--

III. ACADEMIC INFORMATION

Grade Point Average (2.50-2.99 on a 4.0 unweighted sca	ale) Class Rank Class Size
Highest Composite ACT Score (score range 15-18) and	d/or Highest Composite SAT Score (score range 790-900)
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 rés	sumé if necessary.
Activity (Extra-Curricular/Civic/Religious)	Date(s) of Involvement
Activity (Extra-Curricular/Civic/Religious)	Date(s) of Involve

Activity (Extra-Curricular/Civic/Religious)

Date(s) of Involvement

V. ACADEMIC SCHOLARSHIP APPLICATION ATTACHMENT CHECKLIST

- □ One scholarship category was selected
- □ 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 copy of each)
- □ Photograph (include 1 copy)
- □ One Photocopy of Acceptance Letter to a College or University

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