



ALPHA KAPPA ALPHA SORORITY, INCORPORATED
Rho Mu Omega Chapter
and DC Pearls III Foundation, Inc.



2019 SCHOLARSHIP APPLICATION
CERTIFICATION OF SECONDARY SCHOOL CREDITS

(TO BE COMPLETED BY SCHOOL COUNSELOR/OFFICIAL, AND RETURNED TO the Student)

Scholarship Application Deadline Sunday, April 21, 2019 PM.

Full Name of applicant:	
Street Address:	
City, State, Zip Code:	

Name of School	
Street Address:	
City, State, Zip Code:	
Phone:	

Grade Point Average:	This Applicant Ranks _____ in a total of _____ students in 2018-2019 class.
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Personal Rating

PLEASE RATE ON A SCALE OF ONE (1) TO FIVE (5) – WITH 5 BEING THE HIGHEST.

APPEARANCE	1	2	3	4	5
SELF MOTIVATION	1	2	3	4	5
LEADERSHIP SKILLS	1	2	3	4	5
EMOTIONAL CONTROL	1	2	3	4	5
SHOWS INITIATIVE	1	2	3	4	5

Please add additional comments about the student.

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Signature	Print Name	Date
Position		

For future use, if needed. Counselors, please provide the following information.

Scholarships are awarded at: (please check one) – When/where we can attend to award the student a scholarship.	
<input type="checkbox"/> School's awards assembly	Date: Place:
<input type="checkbox"/> School's Graduation	Date: Place:
<input type="checkbox"/> Other	Date: Place:
Person to contact to present scholarship: Name _____ Position _____ Phone No. _____ Email _____	

THANK YOU FOR YOUR EFFORTS IN COMPLETING THIS FORM.

Please return this form to the applicant prior to of before the scholarship application deadline

Sunday, April 21, 2019 11:59 PM