

Alpha Kappa Alpha Sorority, Incorporated®
Theta Alpha Omega Chapter
In collaboration with
The Pearl Foundation, Incorporated

SCHOLARSHIP APPLICATION
(Confidential)

Last Name	First Name	Middle Initial	Date of Birth
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High School

Applicant lives with: ___ Mother ___ Father ___ Foster Parent ___ Guardian
___ Kinship Care ___ Other (specify) _____

Address:

Email Address:

Home Phone Number: _____ Cell Phone Number: _____

In high school, my favorite subject is: _____

In college, I plan to major in:

My occupational/career goal is:

List high school activities, honors, awards and offices held. Include number of semesters you have been involved (i.e., Student Government – 3 semesters; Track & Field – 2 semesters).

List non-school activities (i.e., employment, youth group, community service/volunteer, summer programs, church group). Include time spent (i.e., one time per week; 2 times per month).

I am applying for admission to the following colleges and universities:

Acceptances received: _____

Scholarships/grants awarded or expected: _____

How did you learn about this scholarship opportunity?

Applicant's Signature: _____ Date: _____

Privacy is of paramount importance and all information submitted by applicants and parents/guardians shall remain confidential and will not be shared with any outside organization.

PARENTS'/GUARDIANS' INFORMATION

PARENT OR GUARDIAN

PARENT OR GUARDIAN

Name: _____

Name: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

Email: _____

Email: _____

What is the family's total annual contribution to this applicant's college education? If none, explain. Add any other information which you think would be helpful to the committee, including special circumstances:

We believe the information, provided on this financial form, to be true and correct to the best of our ability. Should the information be found otherwise, we understand this would void The Pearl Foundation Scholarship, which may be granted.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____