



Alpha Kappa Alpha Sorority, Incorporated[®]

Beta Zeta Omega Chapter
Orangeburg, South Carolina

March 3, 2025

Dear High School Senior:

Alpha Kappa Alpha Sorority, Incorporated[®], Beta Zeta Omega Chapter is happy to present scholarship opportunities for area high-school seniors. Enclosed are the descriptions of five (5)

scholarships that the sorority awards. Please review the criteria for each scholarship and apply for those in which you meet the criteria. **If you are applying for more than one scholarship, you must include the required documentation for each scholarship, (ex. include a transcript for each scholarship you are applying for, etc.).**

All applications must be typed and postmarked by the deadline, Friday, April 11, 2025.

Applications postmarked after Friday, April 11, 2025, will not be reviewed. Hand delivered applications will not be accepted, all applications must be received via postal mail.

All awards will be announced during your school's Class Day or Senior Night Program. The **completed applications** are to be mailed to the address below:

Alpha Kappa Alpha Sorority, Incorporated[®]
Beta Zeta Omega Chapter
c/o Mrs. Gwendolyn Barnes-brown
1011 Dunham Street
Orangeburg, SC 29118

If you have any questions or require additional information, please contact me at (803) 535-9754.

Sincerely,

Gwendolyn Barnes-Brown

Gwendolyn Barnes-Brown, Chairman
High-School Scholarship Committee



Alpha Kappa Alpha Sorority, Incorporated®
Beta Zeta Omega Chapter
Orangeburg, South Carolina

HIGH SCHOOL SCHOLARSHIPS

Alpha Kappa Alpha Sorority, Incorporated®, Beta Zeta Omega Chapter, will award five (5) **SCHOLARSHIPS** in the amount of \$2,000 each, based on the following criteria:

1. **Academic Scholarship I** is based on academic achievement and financial need. It is also in recognition of good character and finer womanhood. (*FAFSA documentation only*)
(Two Academic Scholarship I will be awarded.)
2. **Academic Achievement Scholarship II** is based primarily on high academic achievement. Financial need is not a requirement. It is in recognition of scholarship, good character, and finer womanhood.
3. The **STEAM SCHOLARSHIP** is given to a **male or female**; must present evidence of good academic standing and potential of outstanding performance for college-level work. Applicants must include written proof of academic success in the field of STEAM.
4. The **Bethune-Bowman High School Scholarship** is presented to a female student at the chapter's adopted school as part of our Adopt-A-School Program. This scholarship is based on both financial need and academic achievement. Applicants must present evidence of financial need. (*FAFSA documentation only*)
5. The **Sisterhood Scholarship** is given to an area high school senior young lady who is the daughter, granddaughter, sister or niece of an active member of Beta Zeta Omega Chapter. It is in recognition of scholarship, good character and finer womanhood. Member must have been financial for three years of consecutive membership in Beta Zeta Omega immediately preceding date of graduation of applicant.

DEADLINE FOR APPLICATIONS – Friday, April 11, 2025

ANNOUNCEMENT OF SCHOLARSHIP RECIPIENTS – Class Day or Senior Night

Alpha Kappa Alpha Sorority, Incorporated®
Beta Zeta Omega Chapter
Orangeburg, South Carolina



APPLICATION

ACADEMIC SCHOLARSHIP I

1. **Name:** _____
2. **Address:** _____
3. **Parents:** _____
4. **Telephone:** _____
5. **Date of High School Graduation:** _____
6. **College or University to Attend:** _____
7. **Attach a copy of your high school transcript. Indications of class rank.**
8. **List current school activities with offices held.**
9. **List any honors received.** _____
10. **Secure two letters of recommendation.**
11. **State your reasons for attending college and your career goals in short essay (at least one page) form.**
12. **Attach a statement documenting financial need(s) signed by your parent(s) or guardian(s). (FAFSA documentation only)**
13. **Community Service** (*Provide verification of your service.*)

APPLICATIONS MUST BE TYPED AND COMPLETED FOR CONSIDERATION OF SCHOLARSHIP.



Alpha Kappa Alpha Sorority, Incorporated®
Beta Zeta Omega Chapter
Orangeburg, South Carolina

APPLICATION

ACADEMIC SCHOLARSHIP II

1. **Name:** _____
2. **Address:** _____
3. **Parents:** _____
4. **Telephone:** _____
5. **Date of High School Graduation:** _____
6. **College or University to Attend:** _____
7. **Attach a copy of your high school transcript. Indications of class rank.**
8. **List current school activities with offices held.**
9. **List any honors received.** _____
10. **Secure two letters of recommendation.**
11. **State your reasons for attending college and your career goals in short essay (at least one page) form.**
12. **Community Service** (*Provide verification of your service.*)

APPLICATIONS MUST BE TYPED AND COMPLETE FOR CONSIDERATION OF SCHOLARSHIP.



Alpha Kappa Alpha Sorority, Incorporated®
Beta Zeta Omega Chapter
Orangeburg, South Carolina

APPLICATION

STEAM SCHOLARSHIP

(Science, Technology, Engineering, Art, Mathematics)

1. **Name:** _____
2. **Address:** _____
3. **Parents:** _____
4. **Telephone:** _____
5. **Date of High School Graduation:** _____
6. **College or University to Attend:** _____
7. **Attach a copy of your high school transcript. Indications of class rank**
8. **List current school activities with offices held.**
9. **List any honors received.** _____
10. **Secure two letters of recommendation.**
11. **State your reasons for attending college and your career goals in short essay form (at least one page).**
12. **Community Service (*Provide verification of your service.*)**

APPLICATIONS MUST BE TYPED AND COMPLETE FOR CONSIDERATION OF SCHOLARSHIP.



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Evidence of Community Service

This form should be completed in its entirety and any information documented without signatures will not be accepted. If still involved in the program, write "current" for the End Date. Community Service activities should be within the last calendar year to current year.

Title of Community Service Activity Start Date (Month & Year) End Date (Month & Year)

Location of Community Services Activity Number of Hours Completed

Goal of Community Service Activity:

Please describe your specific involvement in the community project:

How did this community service project impact the community in which you served?

Did you accomplish the goal of the community service project?

How did the community service project affect you? Please explain.

By signing this form, I have certified that all the information I have provided is true and correct.

Signature of Applicant Date

Supervisor of Program must complete the following in its entirety and sign:

Name of Supervisor (Print) Signature of Supervisor Supervisor's Title Date

Email Address Work Phone