IMPORTANT

How to Complete & Submit Your Scholarship Application

Before you begin:

1. **Read the entire application carefully** before filling anything out.
2. **Type all responses** directly into the fillable PDF (preferred).
3. Use **blue or black ink only** if printing and handwriting.
4. Answer **every required field completely and accurately**.
5. Save your file using this format:
   LastName_FirstName_ScholarshipName_2026.pdf
6. Double-check spelling, grammar, and completeness before submission.

All applications must be submitted by Saturday, February 14, 2026, either:

- **Electronically** to: akaeooscholarships@gmail.com
- **OR mailed** (postmarked by deadline) to:
  Alpha Kappa Alpha Sorority, Incorporated®
  Epsilon Omega Omega Chapter
  Scholarship Showcase Committee
  P.O. Box 4823
  Macon, GA 31208

The Pearl Community Center

in affiliation with

Alpha Kappa Alpha Sorority, Inc®
Epsilon Omega Omega Chapter

January 5, 2026

Dear Student,

The Pearl Community Center, Incorporated in affiliation with Alpha Kappa Alpha Sorority, Incorporated® Epsilon Omega Omega Chapter will award one scholarship to a student who attends a Historically Black College or University whose primary residence is in the Bibb, Baldwin, Jones, Twiggs, or Wilkinson County area. All scholarships are open to females and males of all races and national origins.

SCHOLARSHIP	WHO SHOULD APPLY
Epsilon Omega Omega HBCU Scholarship $1,500 - $2,500	Undergraduate students currently enrolled at a Historically Black College or University (HBCU)

Scholarship Instructions

1. **The application deadline is Saturday, February 14, 2026.** Application packets must be **either** emailed to akaeooscholarships@gmail.com or received/postmarked by the deadline and remitted to (Please do not send certified mail that requires a signature.):

   Alpha Kappa Alpha Sorority, Incorporated®
   Epsilon Omega Omega Chapter
   Scholarship Showcase Committee
   P.O. Box 4823
   Macon, Georgia 31208

2. An official transcript which includes Semester 1 final grades must accompany the application. If submitting your application electronically, transcripts must be sent directly from your school registrar to the following email address akaeooscholarships@gmail.com **If mailing your application packet, official transcripts are sealed documents labeled "official transcript"; the documents, signed by the counselor or registrar, and bear the school's seal.**

3. Each applicant must have a grade point average of 3.0 or higher.

4. Each applicant must submit two letters of recommendation. Letters of recommendation must bear the writer's official handwritten signature. The academic letter must be completed by an academic teacher, counselor, or administrator of the school you currently attend. The second recommendation may be from an individual familiar with your character, school activities, or community involvement. Relatives may not write recommendations.

5. Each applicant must submit one Community/Leadership Involvement Verification form.

6. Each applicant must complete a typed 500-word essay.

7. The Scholarship Showcase is scheduled for Spring 2026. Details are forthcoming. All scholarship recipients should participate in the Scholarship Showcase.

8. For additional information, please contact Shandra Yarbrough at 478-335-6643 or Johnta Shaheer at (478) 960-4487.

Scholarship applicants will be judged on academic achievement, character, school and community involvement, and essay.

Thank you for your cooperation.

Sincerely,

Shandra Yarbrough and Johnta Shaheer

Scholarship Showcase Co-Chairmen

The Pearl Community Center

in affiliation with

Alpha Kappa Alpha Sorority, Incorporated ®
Epsilon Omega Omega Chapter

HBCU Scholarship Application

Directions: Please type or write in blue/ black ink all requested information.

APPLICANT INFORMATION			
First Name	Middle Name	Last Name	
Campus Address	City	State	Zip
Permanent / Home Address	City	State	Zip
Phone Number 1	Phone Number 2 (if applicable)	Email Address	
Date of Birth	Gender ☐ Female ☐ Male		

PARENT / GUARDIAN INFORMATION	
Parent / Guardian Name	Relationship
Phone Number	Email Address

HIGH SCHOOL INFORMATION	
High School from which You Graduated	Location

COLLEGE INFORMATION	
HBCU College / University You Currently Attend	Location
Major / Field of Study	Overall GPA
1) Minor / Field of Study (if applicable)	2) Minor / Field of Study (if applicable)
Current Year of Study ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior	Expected Graduation Month Year
Degree Pursuing	Post-Graduation Plans

ESSAY **In 500 words or less, answer the questions for this scholarship. Responses must be typed.**
Essay Question
How has attending an HBCU enriched your life, and how will you continue the legacy of an HBCU alumni?

EXTRA-CURRICULAR / COMMUNITY ACTIVITIES

Name of Group / Activity	Date(s) of Involvement	Positions Held (if applicable)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

HONORS / AWARDS / RECOGNITIONS

Name of Group / Activity	Date(s) Received	Source / Reason for Award
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

SPECIAL LEARNING EXPERIENCE: INTERNSHIPS /ASSISTANTSHIPS /JOBS /STUDY ABROAD

Name of Special Learning Experience	Dates	Total Hours	Describe Opportunity / Role
1.			
2.			
3.			
4.			
5.			

SIGNATURE

Applicant's Signature	Date

COMMUNITY/LEADERSHIP INVOLVEMENT VERIFICATION (CLIV) FORM

INSTRUCTIONS: Please record information below regarding your involvement in community/campus/leadership activities or programs that have occurred within the last three (3) years. All applicants must submit at least one (1) but cannot exceed three (3) CLIV forms for the HBCU Scholarship. This form should be completed in its entirety, and any information or documents without signatures will not be accepted.

First Name	Middle Name	Last Name

Title of Activity or Program	Start Date	End Date

Location of Activity or Program	# of hours completed

Goal of Activity/Program:

Population Served (check all that apply): ☐Youth ☐Peers ☐Adults ☐Other (specify):

Describe your specific involvement:

1. How did the program positively impact the population served?

2. Did you meet the goal of the activity/program? Explain.

3. How did your involvement in the program affect you?

By signing this form, I verify that all the information I have provided is true and correct. I understand that at any time, Alpha Kappa Alpha Sorority, Incorporated, Epsilon Omega Omega Chapter can rescind any rights or privileges to an applicant based on the submission of false information or documents.

Applicant's Signature	Date

Name of Advisor (Please Print)	Advisor's Email Address

Location	Phone

Signature of Advisor	Date