



January 15, 2020

Alpha Kappa Alpha Sorority, Incorporated
Sigma Delta Omega Chapter
P.O. Box 581375
Elk Grove, CA 95758

For 112 years, Alpha Kappa Alpha Sorority, Incorporated has been committed to providing service to all mankind, engaging in community service, focusing on health and wellness and promoting educational excellence. The Sigma Delta Omega Chapter, of Alpha Kappa Alpha Sorority, Inc., is proud to continue the legacy. Currently, Sigma Delta Omega is accepting scholarship applications for this academic school year. **All applications MUST be postmarked by Thursday, April 30, 2020.** Applications postmarked after this date or applications not completed fully and/or missing documents will not be reviewed or considered.

The following is a list of qualifications required to apply for scholarships. A student must currently be:

- A senior in high school.
- Applying to attend a two-year or four-year college or university in Fall 2020.
- Minimum grade point average of 2.50.

The following six (6) documents must accompany the application:

- Official Transcript (Must be sealed with the official seal).
- Photo – Head Shot (black and white or color).
- Photo Release Form
- Two (2) letters of recommendation; *(from teacher, coach, counselor, member of the community or direct supervisor)*. The letter of recommendation should address: Character, Academics, Background, Achievements and Leadership Abilities, Community Involvement, etc. (Both letters must be signed by the authors).
- Essay – Topic: **Upon completion of your degree, how do you see yourself making a difference in society?** Essay must be typed, free of errors and contain a minimum of 300 words and a maximum of 500 words.

Mail application and supporting documents to the following address:

Sigma Delta Omega Chapter
ATTN: 2020 Scholarship Committee
P.O. Box 581375
Elk Grove, CA 95758

Gwendolyn Davis
Gwendolyn Davis, Scholarship Chairman

Brittnee Gillespie
Brittnee Gillespie, President



2020 SCHOLARSHIP APPLICATION

Sigma Delta Omega Chapter
P.O. Box 581375
Elk Grove, CA 95758

Name: _____

Parent's Name: _____

Address: _____

Street City State Zip Code

Contact Number: Home: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____

Name of High School: _____

Anticipated Graduation Date: _____

Current GPA: _____

SAT Score: _____

ACT Score : _____

Extra- Curricular Activities: _____

Community Service Activities: _____

Colleges Applied to or Being Considered: _____

Anticipated Major: _____

Signature: _____ Date: _____

Photo Release Form

Sigma Delta Omega Chapter

P.O. Box 581375

Elk Grove, CA 95758

Permission to Use Photograph

Subject: 2020 Scholarship

I grant to Sigma Delta Omega Chapter of Alpha Kappa Alpha Sorority, Inc., and its representatives the right to take photographs of me and my property in connection with the above-identified subject. I authorize Sigma Delta Omega Chapter of Alpha Kappa Alpha Sorority, Inc., its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Sigma Delta Omega Chapter of Alpha Kappa Alpha Sorority, Inc. may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Date _____

Signature, parent or guardian _____

(If under age 18)

