



ALPHA KAPPA ALPHA SORORITY, INC.

Omega Phi Omega

CHAPTER



P.O. BOX 1569 ST. AUGUSTINE, FL 32085-1569 | WWW.OMEGAPHIOMEGA1908.ORG

Monday, March 16, 2020

Greetings!

The Alpha Kappa Alpha Sorority, Incorporated® Omega Phi Omega Chapter Scholarship is supported by the fundraising efforts of our members to provide scholarships to graduating seniors in St Johns and surrounding counties who attend or will be attending an accredited college or university.

The family members of the Omega Phi Omega chapter members; defined as *daughters, sons, stepchildren, granddaughters, grandsons, step grandchild, adopted child, grandchild, or legal ward* are not eligible to receive a scholarship.

Interested participants must mail and complete the scholarship application on or before the required due date. Included, is a copy of the scholarship application that is submitted to the scholarship chairman via postal mail.

Upon receiving the application, the scholarship committee meets to determine eligibility. Awardees will be contacted via letter (US Mail.) on next steps to receive the funds.

For more information please contact:

Alpha Kappa Alpha Sorority, Incorporated®  
Omega Phi Omega Chapter Scholarship Committee  
P.O. Box 1569 St. Augustine,  
Florida 32085-1569  
[www.omegaphiomega1908.org](http://www.omegaphiomega1908.org)  
[scholarship@omegaphiomega1908.org](mailto:scholarship@omegaphiomega1908.org)



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## Scholarship Criteria

The recipient must meet the following criteria to qualify

1. Be a graduating senior residing in St Johns, Duval, Putnam, Flagler or Clay county.
2. Be accepted to an accredited college/university.
3. Have at least a 2.5 cumulative grade point average.
4. Must show evidence of community service/involvement during high school.
5. Must have two recommendation letters;
  - a. One must be from teacher/principal/assistant principal/school counselor
  - b. Employer or Non-Relative
6. Write an essay based on the topics provided.

The recipient must furnish the following required items in order

- a. Completed scholarship application.
- b. Copy of respective college/university acceptance letter.
- c. Verification of community service. (Community Service Logs submitted to high school are encouraged).
- d. A typewritten 250 - 500-word essay – topics are in the application packet.
- e. Official sealed transcript.
- f. SAT and/or ACT scores.
- g. Two letters of recommendation.
- h. Picture (photo may be used during public events).
- i. Signed Photo Release form.

The application package must be postmarked by April 26, 2020. Applications received after April 26, 2020 will not be considered.

Please mail application packet to:

ALPHA KAPPA ALPHA SORORITY, INC.  
OMEGA PHI OMEGA CHAPTER  
ATTN: SCHOLARSHIP COMMITTEE  
P.O. BOX 1569 ST. AUGUSTINE, FL 32085-1569

For questions or clarity, please email [scholarship@omegaphiomega1908.org](mailto:scholarship@omegaphiomega1908.org).

**\*OMEGA PHI OMEGA CHAPTER RESERVES THE RIGHT TO SELECT FINAL AWARD RECIPIENTS**





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**ACADEMIC INFORMATION:**

**High School last attended:**

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**High School Name**

**Address:**

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**Street**

**City**

**State**

**Zip**

**List two personal references**

1. Teacher/principal/assistant principal/school
2. Employer or Non-Relative

Letters of recommendation should come from the persons listed below.

**Name**

**Address**

**Occupation**

**Telephone #**

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**EXTRACURRICULAR ACTIVITIES: (Use additional page if needed)**

**Church:**

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**School:**

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**Community:**

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**Awards/Recognition:**

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**I certify that all statements in this application are complete and true. I understand that misrepresentation or omission of information may be cause for disqualification.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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### Photo Release Form

Thank you for participating in our Scholarship opportunity. Photographs of you and/or your parents may be taken and may be used in published format. We are requesting your permission to use pictures in connection with Omega Phi Omega Chapter scholarship application/opportunities for displays or other educational purposes.

If you authorize Omega Phi Omega Chapter to use, produce and display you and/or your parents photograph, please sign below:

**Scholarship applicant's Signature** \_\_\_\_\_

**Parent(s) Signature** \_\_\_\_\_

**Date** \_\_\_\_\_