



### **Information for Scholarship Applicant**

- The Epsilon Tau Omega Chapter of Alpha Kappa Alpha Sorority is pleased to offer \$1500 scholarships and \$600 book awards to deserving students.
- The Epsilon Tau Omega Endowment Fund, Inc. is pleased to offer \$600 book awards to deserving students.
- The award will be forwarded to the applicable educational institution's financial aid office prior to the start of the **Spring Semester 2018**.

### **Eligibility Criteria**

- Applicant must be a high school senior or a college freshman.
- Applicant must be a resident of **Greenville County, Oconee County, or Pickens County**.
- Applicant must be accepted for admission to a 4-year college or university, 2-year junior or community college, or a technical or vocational school.

### **Selection Criteria**

- Applicant must demonstrate financial need.
- Applicant must have at least an average of C or should rank in the middle fifth of his/her class.
- Applicant may or may not have been a Cotillion winner or participant.
- All applicants shall be considered.
- Sons or daughters of Alpha Kappa Alpha Sorority members shall not be eligible for scholarships or book awards.

### **Application Information**

- Applications are available from any member of Epsilon Tau Omega Chapter of Alpha Kappa Alpha Sorority, Inc. and the Guidance Office at your high school,
- A complete application packet must contain your application form, autobiography, 3 letters of recommendation, an official transcript, 2016 W2 forms from both parents/guardians, and SAT/ACT scores.
- Completed applications must be received by **March 24, 2017**.



**FINANCIAL AID APPLICATION  
SCHOLARSHIP/BOOK AWARD APPLICATION**

**ALPHA KAPPA ALPHA SORORITY, INC.  
EPSILON TAU OMEGA CHAPTER**

Application Date \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street (or Post Office Box)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Sec. No. \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

High School \_\_\_\_\_

Parent's Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Mother's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_ Yearly Income \$ \_\_\_\_\_

Father's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_ Yearly Income \$ \_\_\_\_\_

Total Family Income \$ \_\_\_\_\_ No. of Dependent Children in Home \_\_\_\_\_

College Attending \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Title and Name of Person (to whom funds are to be sent) \_\_\_\_\_

\_\_\_\_\_

Yearly Expenses of College Attending \$\_\_\_\_\_ Amount Needed \$\_\_\_\_\_

List Sources of Financial Aid You Have Received: SC Tuition \$\_\_\_\_\_

Pell \$\_\_\_\_\_ Serrine \$\_\_\_\_\_ SC Rehab. \$\_\_\_\_\_ Other \$\_\_\_\_\_

SAT Score: Verbal \_\_\_\_\_ Math \_\_\_\_\_ ACT Score: \_\_\_\_\_

Current Rank in Class \_\_\_\_\_ Current Grade Point Average \_\_\_\_\_

References: (May include a teacher, a neighbor, or your pastor. **Do not** list family members.) Submit a written recommendation from each reference with the application.

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Write a brief autobiography. Include your reason for wanting to attend college and your future goals. **Enclose official current high school transcript or if attending college, send official college transcript. High School students please ask your counselor to attach your SAT/ACT scores with the counselor's signature.**

Name of Alpha Kappa Alpha Sorority, Inc., Epsilon Tau Omega Chapter member who suggested that you apply: \_\_\_\_\_

Please mail application to: Alpha Kappa Alpha Sorority, Inc.  
Epsilon Tau Omega Chapter  
Attention Scholarship Committee  
Post Office Box 17034  
Greenville, SC 29606-8034

**Application Deadline: March 24, 2017**

**\*Both parents' W2 Forms or guardian's W2 Forms for 2016 must be submitted with this application. One form per parent or guardian is required.**

**\*Incomplete applications will not be processed.**

## **Application Checklist**

\*(Please check off each item and enclose this page with application)

- Application Completed in Full
- Autobiography
- High School Transcript
- Copy of SAT/ACT Scores
- W2 Forms
- Three letters of recommendation

**\*Incomplete applications will not be processed.**