



**WOMEN OF PEARLS COMMUNITY ACTION FOUNDATION
IN PARTNERSHIP WITH
ALPHA KAPPA ALPHA SORORITY, INCORPORATED
TAU RHO OMEGA CHAPTER**

SCHOLARSHIP APPLICATION

The Women of Pearls Community Action Foundation and the members of Alpha Kappa Alpha Sorority, Incorporated, Tau Rho Omega Chapter, are pleased to invite African American, high school seniors to apply for our scholarships. Competitive scholarship awards will range from \$250 to \$1000 and will be awarded based on the criteria listed.

Application must be accompanied by the following items in a 3-prong folder in the order listed below to be considered for a scholarship:

1. Completed Application with all required signatures
2. High School Resume
3. A current and official transcript
4. 2 Letters of Recommendations (Teacher, Coach, Counselor, Pastor, Civic leaders referred)
5. Minimum of 3 Community Services opportunities you have participated in (Letter or email of participation)
6. A two-page maximum (single sided, double spaced, 12 point font, standard margin) essay to include the following –
 - Brief biography
 - Your demonstration of leadership skills
 - Your demonstration of a commitment to service
 - How the scholarship will assist/benefit you

We would like to thank you for your interest in this scholarship and we look forward to receiving your information in consideration for this opportunity. If you have any questions regarding this scholarship, please contact Ms. Michelle Blackwell at mblackwell17@gmail.com or Ms. Pam Pringle at pamela@pringlevascular1.com

**Completed packets must be received by April 22, 2023
Please mail a completed packet to the address below:**

**Women of Pearls Community Action Foundation
PO Box 116781
Carrollton, TX 7501**

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TO BE COMPLETED BY APPLICANT (Please Print Neatly or Type)

Name _____ Telephone _____ Email _____

Address _____

Parent/Guardian's Name _____

Parent/Guardian's Name _____

High School _____

Address of High School _____

Graduation Date _____ Awards Ceremony Date _____

College You Plan to Attend _____

Proposed Field of Study _____

Occupational Goal _____

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To Be Completed by Counselor

Name of Student_____

Counselor's Name & Email_____

Counselor's Phone Number_____

Student's Average_____Rank in Class_____Number in class

If Taken S.A.T. Score_____or A.C.T. Score_____

Comments

Counselor's Signature_____

Please mail a completed scholarship Packet by April 22, 2023

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Community Service Verification Form

Name of the Organization: _____

Title of the Community Service Activity: _____

Start Date _____

_____ **Month & Date** _____ **End Date** _____ **Approximate hours completed**

Goal of Community Service Activity/Program _____

Describe your involvement _____

Supervisor of Programs must complete the following in its entirety and sign

Name of Supervisor (please print) _____ **Signature of Supervisor** _____ **Supervisor's Title**

Email _____ **Work Phone** _____