



#### **SCHOLARSHIP APPLICATION**

Petals of Hope Foundation, Inc. is comprised of the members of the Orlando Chapter of Alpha Kappa Alpha Sorority, Inc. Alpha Kappa Alpha Sorority, Inc. founded in 1908, is the oldest black sorority in the U.S.A.

Personal Data				
Name		Email Address		
Date of Birth		Phone Number ( )_		
Current Residence				<u>.</u>
Street		City	Zip	
Name(s) of Parent(s) or Guardian				<u>.</u>
Number of Siblings Who Reside in tl	he Household	Brothers Sisters _		
Educational Data				
School Presently Attending				
School Address				
Street		City	Zip	
Grade Point Average (Grade 9 throu	ıgh First Semester	of the Senior Year)		
		Un-Weighted		
SAT Scores		ACT Score		
Critical Reading	Math			
Date Taken	Date Taken	Date <sup>-</sup>	Taken	
College or University Which You Pla	n to Attend			
Address				
Street		City/State		Zip
Counselor's Name		Counselor's Phone #		

## Student Activity Information

Directions: Please complete each section. **DO NOT BE MODEST.** *All* information can be used by the Scholarship Committee during the selection process.

Extra-Curricular Activity	Description	Leadership Position Held	Length of Service

### Community Activities

Directions: List community activities in which you have participated (Church groups, volunteer organizations, clubs, community art endeavors, etc.). The activities in which you engage must be completed outside of school.

Community Service Activity	Description	Length of Service

# Work Experience

Place of Employment	Description of Responsibilities	Dates

Recognition & Av	vards
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Directions: List any honors, awards, and/or recognitions that you have received (Grades 9 - 12).

Award/Recognition	Grade(s)

#### References

Directions: **Two completed recommendations forms** are required. One must come from a <u>teacher</u>, and one must come from a <u>community member</u> (church member, employer, volunteer supervisor, or youth civic leader). Carefully read the recommendation form. Then hand your references the recommendation form to complete and return it in a sealed envelope to you in enough time to meet the scholarship deadline date.

Application and requested documents must be received by Friday, March 5, 2021 (postmark date not accepted). The application and <u>all</u> required information must come in <u>one packet</u>, first class U.S. mail (please no certified mail return receipt request). Information received after Friday, March 5, 2021 will disqualify the applicant.

Direct applications including required documents to: Alpha Kappa Alpha Sorority, Incorporated

**Orlando Chapter** 

Attention: Dr. Veronica Yates-Riley

P.O. Box 618208

Orlando, FL 32861-8208