

Upsilon Theta Omega Chapter

2016 – 2017

Willa Ryan Combs Scholarship Application Packet

UPSILON THETA OMEGA CHAPTER ALPHA KAPPA ALPHA SORORITY, INC. 2016 - 2017 WILLA RYAN COMBS SCHOLARSHIP APPLICATION

Minimum Application Requirements:

1. Academic Record
 - a. Official seven semester or final High School Transcript reflecting a minimum cumulative grade point average of 2.5.
 - b. Must be currently enrolled as a full time student in High School which includes concurrent enrollment; enrollment must be verified by official letter from High School Counselor or Principal and if applicable, verification of college enrollment.
2. Spring 2017 High School Graduate.
3. Official documentation of Community Service Projects.
4. Documentation of personal accomplishments, leadership responsibility(s) and/or organization involvement.
5. Write an ESSAY about the following topic:
 - a. What does a college education mean to me?
6. Two letters of recommendation. (One from each)
 - a. One recommendation letter from High School Official.

(Principal, Counselor, or Teacher)
 - b. One recommendation letter from a church leader or Community Service Coordinator.

Rules and Regulations:

- a. In order to qualify for the scholarship students must submit a completed application with supporting documentation. Original materials will not be returned.

The application deadline is May 1, 2017.

- b. An official letter from the college or university must be submitted to Upsilon Theta Omega Chapter as verification before funds are released to the recipient.
- c. The scholarship applicant must have enrolled in the selected college or university as a full-time student. An official letter from the college or university must be submitted to Upsilon Theta Omega Chapter as verification of full-time enrollment status.
- d. The scholarship applicant may be a male or female preferably a resident of Stillwater, Oklahoma.
- e. The scholarship applicant must submit a 4 x 7 photograph with their application.

THE COMPLETED APPLICATION AND DOCUMENTATION MUST BE RECEIVED BY THE

MAY 1, 2017 DEADLINE.

Mail your application to:

Scholarship Committee
Upsilon Theta Omega Chapter
Alpha Kappa Alpha Sorority, Incorporated
P. O. Box 2392
Stillwater, OK 74076

2016 - 2017 Willa Ryan Combs Scholarship Application

PERSONAL INFORMATION

Full Name

FIRST NAME

MIDDLE INITIAL

LAST NAME

Address

STREET ADDRESS/APT.

CITY

STATE

ZIP CODE

Telephone

HOME

WIRELESS

WORK

High School

NAME OF SCHOOL

SCHOOL ADDRESS

SCHOOL TELEPHONE NUMBER

GUIDANCE COUNSELOR'S NAME/E-MAIL

Grade Point Average _____

Date of Graduation _____

COLLEGE INFORMATION

College 1st Choice: _____

College 2nd Choice: _____

College Major: _____

LEADERSHIP AND COMMUNITY SERVICE

Give brief examples of community leadership, service, special endeavors or circumstances, outside interests, hobbies and extracurricular activities. If additional space is needed, you may attach a separate typewritten sheet.

Outstanding Qualifications:

List Community Service Activities:

You are required to submit the Community Service Documentation Form.

Personal Consideration:

Please mention any special circumstances or conditions that you think might be relevant to this application in the space below.

Acknowledgement and Authorization

I certify that all of the information provided on this application and in all of the accompanying documentation is true, accurate and complete.

I authorize Upsilon Theta Omega Chapter to verify information from my high school and/or community sources concerning information documented for this application and from references that I have provided on this information.

PRINTED NAME

SIGNATURE

DATE

Please have your parent / guardian sign this application below.

I certify that all of the information provided on this application and in all of the accompanying documentation is true, accurate and complete to the best of my knowledge.

PRINTED NAME

SIGNATURE

DATE

PLEASE VERIFY THAT ALL NECESSARY REQUIRED DOCUMENTATION HAS BEEN INCLUDED.

UPSILON THETA OMEGA CHAPTER DOCUMENTATION OF COMMUNITY SERVICE

Applicant Name

Service Date

Agency/Location

Service Project Witness

Your Responsibility

Why was this project selected?

Hours Served _____

Witness Signature _____

Applicant Signature _____

**Please copy this form to document each community
service project.**