



The 1926 FOUNDATION, INC.  
BRENDA R JOHNSON, PRESIDENT  
AND



ALPHA KAPPA ALPHA SORORITY, INCORPORATED®  
OMEGA OMEGA CHAPTER  
CHARLENE M COLLINS, PRESIDENT

### SCHOLARSHIP APPLICATION

**DIRECTIONS:** (Carefully type your responses.)

#### PERSONAL INFORMATION

NAME \_\_\_\_\_

First

Middle

Last

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

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

Birthday \_\_\_\_\_ Email \_\_\_\_\_

Church Affiliation \_\_\_\_\_

High School \_\_\_\_\_ Graduation Date \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

#### School Organizations (List memberships and/ or offices held while in high school.)

Organization	Office Held	Year (s)

#### Other high school extracurricular activities

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**COMMUNITY ORGANIZATION (List memberships and/or offices held.)**

<b>Organizations</b>	<b>Office</b>	<b>Year</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Community Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HONORS**

<b>High School</b>	<b>Community</b>
_____	_____
_____	_____
_____	_____
_____	_____

**CERTIFICATES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT (Previous and current work experience)**

<b>Type of Work</b>	<b>Employer</b>	<b>Date Employed</b>	<b>Approximate Earnings</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EDUCATIONAL PLANS**

Vocational Objective (Check field of Interest and explain specific job preparation desired.)

Business \_\_\_\_\_ Dental \_\_\_\_\_  
Health Related \_\_\_\_\_ Law or legal \_\_\_\_\_  
Medicine \_\_\_\_\_ Nursing \_\_\_\_\_  
Social Work \_\_\_\_\_ Teaching \_\_\_\_\_  
Other \_\_\_\_\_

### SCHOOL APPLICATIONS

List schools to which you have applied for admission, for example business, trade, technical, nursing schools, colleges, or universities. Circle those to which you have been accepted.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

College Expected to Attend \_\_\_\_\_

Type of Student (Check)    \_\_\_ Commuting    \_\_\_ Residential (On campus)

Major Course of Study \_\_\_\_\_

Length of Study (years, months) \_\_\_\_\_

ESTIMATE EXPENSES PER SEMESTER (tuition, fees, etc.) \$ \_\_\_\_\_

### FAMILY and FINANCIAL INFORMATION

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

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Where employed: Mother \_\_\_\_\_

Father \_\_\_\_\_

Guardian \_\_\_\_\_

Income                      Mother                                      Father                                      Guardian

Yearly \_\_\_\_\_

Monthly \_\_\_\_\_

Weekly \_\_\_\_\_

Home                      \_\_\_ Own                      \_\_\_ Rent

Person responsible for financing your education \_\_\_\_\_

#### Children in family

	Name	Age	School/Employment
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Total number of persons living at home \_\_\_\_\_

Check resources of financial aid applied for and write date of application.

DATE

Pennsylvania Higher Education Agency (PHEAA)

\_\_\_\_\_

Senatorial Scholarship

\_\_\_\_\_

City Scholarship

\_\_\_\_\_

Other Scholarship Agencies

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check the sources of funds for payment of your educational expenses and write the amount you expect to receive.

Mother \_\_\_\_\_

Father \_\_\_\_\_

Mother & Father \_\_\_\_\_

Guardian \_\_\_\_\_

Loan \_\_\_\_\_

Scholarship (Name) \_\_\_\_\_

Grant (Name) \_\_\_\_\_

Other (Explain) \_\_\_\_\_

DATE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHARACTER REFERENCES (Local people other than relatives who know you well)**

Name

Address & Zip Code

Phone Number

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

By MAY 1, 2022, you must submit the following materials to the chair of the Mildred B. Dudley Scholarship Fund:

1. An official transcript of your high school grades including Class Rank
2. Three letters of recommendation (one of which must be from a counselor or the principal of your school)
3. An essay explaining why you have chosen your desired vocation - The essay in not to exceed two double-spaced typed pages. *Place your name on each page.*

If you have any questions, please feel free to contact:

[akaomegaomegascholarships@gmail.com](mailto:akaomegaomegascholarships@gmail.com).

**Please note:** All scholarship applications must be completed and returned to the chair of the scholarship committee by **May 1, 2022**.

Date Received \_\_\_\_\_

The 1926 Foundation PO Box 564 Bala Cynwyd, PA 19004-9988  
Alpha Kappa Alpha Sorority, Incorporated®, Omega Omega Chapter  
P.O. Box 13056, Philadelphia, PA 19101-3056