



ALPHA KAPPA ALPHA SORORITY, INCORPORATED®
PHI BETA OMEGA CHAPTER
P.O. Box 1385 • North Wales, PA 19454
<http://www.akaphibetaomega.org>

December 9, 2016

Dear Principal/Counselor:

Alpha Kappa Alpha Sorority, Incorporated®, Phi Beta Omega Chapter in conjunction with the R.O.S.E. Foundation, the charitable arm of the Alpha Kappa Alpha Sorority, Incorporated®, Phi Beta Omega Chapter, annually awards scholarships to graduating high school seniors residing in Bucks and Montgomery Counties.

Alpha Kappa Alpha Sorority, Incorporated® is the oldest Greek-letter organization established by African American college-trained women. It was founded in 1908 at Howard University in Washington, DC. Since its founding over a century ago, Alpha Kappa Alpha's mission has been to cultivate and encourage high scholastic and ethical standards. Its efforts constitute a priceless part of the global experience in the 21st century. To learn more about the sorority, visit: www.aka1908.org.

The *Dr. Betty James Robinson Youth Scholarship* is awarded annually to an African American high school senior with a minimum 2.7 grade point average on a 4.0 scale who is experiencing financial difficulty. The scholarship application for the current school year is attached. Your assistance in making this application available to qualified students is greatly appreciated. All completed applications must be post-marked no later than **March 18, 2017**.

We thank you in advance for your support in this endeavor.

Sincerely,

Lorraine Baron

Lorraine Baron
Committee, Co-Chairman

Alicia Patton

Alicia Patton
Committee, Co-Chairman

Nia Campbell

Nia Campbell
President



**ALPHA KAPPA ALPHA SORORITY, INCORPORATED®
PHI BETA OMEGA CHAPTER**

2017 DR. BETTY JAMES ROBINSON YOUTH SCHOLARSHIP CHECKLIST

The Alpha Kappa Alpha Sorority, Incorporated® Phi Beta Omega Chapter in conjunction with The R.O.S.E. Foundation, the charitable arm of the Alpha Kappa Alpha Sorority, Incorporated® Phi Beta Omega Chapter, annually awards scholarship assistance to African American students who are pursuing higher education. Scholarships are awarded to students residing in Bucks or Montgomery County.

Only completed applications post-marked by **March 18, 2017** will be considered. Completed applications must contain the following six (6) items. Please use the checklist below to ensure your application is complete.

- _____ 1. A completed application form.

- _____ 2. A letter of acceptance from a college or university. (if not available, the letter must be presented at the time of the award).

- _____ 3. An official high school transcript. Transcript must be original document issued by the school, and bearing a raised school seal.

- _____ 4. Proof of financial need such as: a letter of financial need from a school counselor.

- _____ 5. Two letters of recommendation submitted by persons other than relatives. These letters may be from church affiliates, teachers, school administrators, counselors, or community members. One letter must be from a teacher or counselor.

- _____ 6. An essay of 300 words, typed, grammatically correct, neat and clear in its expression of ideas. Your essay should address how this scholarship will assist you with achieving your goals. Be sure to highlight your goals and accomplishments.

Incomplete applications will not be considered. No notification will be given. All six items listed must be placed in one envelope and post-marked by March 18, 2017 to:

Scholarship Chairman
Alpha Kappa Alpha Sorority Incorporated®
Phi Beta Omega Chapter
P.O. Box 1385
North Wales, PA 19454



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2017 DR. BETTY JAMES ROBINSON YOUTH SCHOLARSHIP APPLICATION

PRINT IN INK

PART I - PERSONAL DATA

1. Name: _____
 First Middle Last

2. Address: _____

City _____ County _____ Zip Code _____

3. Telephone (____) _____ Cell Phone (____) _____

4. Email: _____ Gender: _____ Birth Date: _____

5. High School: _____ County _____ Telephone (____) _____

6. Father/Guardian Name: _____

7. Mother /Guardian Name: _____

Part II - Educational Background

1. Honors: _____

2. High School Activities (Indicate Leadership Positions):

PART III - WORK EXPERIENCE - COMMUNITY SERVICES/ACTIVITIES

1. List any work experience(s):

Employer(s) _____ Dates _____

2. List community organizations in which you have participated; including dates and leadership positions/ services rendered.

PART IV - SCHOOL INFORMATION

List the names of colleges or universities to which you have applied and indicate the status of your application (pending or accepted).

Intended major of study: _____

PART V - FINANCIAL INFORMATION

REQUIRED INCOME VERIFICATION FORMS MUST BE INCLUDED

1. Yearly gross family income

2. List any scholarships and the amount of the award you have received.



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2017 THE BETTY JAMES ROBINSON YOUTH SCHOLARSHIP AGREEMENT

Your application will be considered along with others, if all required materials from the checklist are included. All information submitted for this scholarship will be confidential.

Both the student and parent/guardian must sign below.

The applicant and their parent/guardian agree that applying for a scholarship acts as explicit permission for the R.O.S.E. Foundation and Alpha Kappa Alpha Sorority, Incorporated® Phi Beta Omega Chapter to use their likeness, voice, image or statements in any form in connection with publicity, publication or use of any kind without compensation, acknowledgement or further permission.

I understand that completing this form does not indicate that I have been selected for a scholarship, and that the information presented here is accurate.

APPLICANT'S SIGNATURE

DATE

I have read the information provided on this application and verify that it is true, accurate and complete.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

Awardees will be notified during the week of April 24, 2017