

P.O. Box 1385 • North Wales, PA 19454 http://www.akaphibetaomega.org

December 9, 2016

Dear Potential Applicant:

The Alpha Kappa Alpha Sorority, Incorporated®, Phi Beta Omega Chapter in conjunction with The R.O.S.E. Foundation, the charitable arm of Alpha Kappa Alpha Sorority, Incorporated®, Phi Beta Omega Chapter, annually awards scholarships throughout 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 Second Chance College Scholarship is awarded to an adult learner who has chosen a non-traditional career path in pursuit of a postsecondary education. Students eligible for this award must be African American, at least 18 years of age, and currently enrolled in a postsecondary institution, i.e., a four year college, community college or technical school having completed at least one semester while maintaining a minimum 2.7 grade point average on a 4.0 scale. The student must be a resident of Bucks or Montgomery County.

In addition, eligibility for this award is contingent on the applicant's ability to meet at least one or more of the following criteria:

- delayed enrollment in a postsecondary institution
- resuming her/his postsecondary education after starting and discontinuing
- a single parent with dependent children
- works full or part time while enrolled

The scholarship application form for the current school year is attached. All completed applications must be post marked no later than **March 18, 2017**.

Sincerely,

Lorraine Baron Committee, Co-Chairman

Gorraine Baron

Alicia Patton
Alicia Patton
Committee, Co-Chairman

Nia Campbell
Nia Campbell
President



2017 SECOND CHANCE COLLEGE SCHOLARSHIP CHECKLIST

The Alpha Kappa Alpha Sorority, Inc. ®, Phi Beta Omega Chapter in conjunction with The R.O.S.E. Foundation, the charitable arm of Alpha Kappa Alpha Sorority, Incorporated®, Phi Beta Omega Chapter, annually provides 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 include the following four (4) items. Please use the checklist below to be sure that your application is complete.

1.	A completed application form.
2.	An official school transcript. (To be official, the transcript must be the original document issued by the school bearing a raised school seal.)
3.	Two letters of recommendation submitted by persons other than relatives. These letters must be from church affiliates, teachers, counselors, or community members. One letter must be from a faculty member or an administrator.
4.	An essay of 300 words, typed, grammatically correct, neat and clear in its expression of ideas. The 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 for incomplete applications. All four items listed must be placed in one envelope and post-marked by March 18, 2017.

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



2017 SECOND CHANCE COLLEGE SCHOLARSHIP APPLICATION

Print in Ink PART I - PERSONAL DATA

First		Middle	Last
Address:			
City			
Telephone ()		Cell Telephone	; ()
Email Address:		Birth Date:	Gender:
College Name and Add	ress:		
art II - Educational Bac	kground		
Honors			
		·,· \	
Major:			
. College Activities (Indicate of College Activities). Major:	ERIENCE - COMN		

2. List community organizations in which you have participated, include dates and leadership positions/services rendered.						
PART IV - SCHOOL INFORMATION	ī					
Please list the name and number of your s	chool and your academic advisor.					
School						
Address	Phone					
Academic Advisor						



2017 SECOND CHANCE SCHOLARSHIP APPLICATION 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 considered confidential.

I understand that completing this form does not indicate that I have been selected for a scholarship. I have read the information provided on this application and can verify that it is true, accurate, and complete in its presentation.

The applicant and their parent/guardian agree that applying for a scholarship gives 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.

APPLICANT'S SIGNATURE	 DATE