



The Hortense B. Perry Foundation
Alpha Kappa Alpha Sorority, Inc.
Eta Omega Chapter

291 N Hubbard Lane
Suite B-26 #263
Louisville, Kentucky 40207-1887
HBPfoundation1994@gmail.com

February 25, 2019

Dear Senior Counselor,

The Hortense B. Perry Foundation of the Eta Omega Chapter of Alpha Kappa Alpha Sorority, Incorporation is offering financial assistance to deserving High School African American Female Seniors who plan to enter college in the fall of 2019.

This year students may apply for one of two scholarships:

1. Hortense B. Perry/Henrietta Johnson Trust (African American Females)
2. HBCU (African American Female students who will attend a Historically Black College or University)

Please distribute these applications to African American Female Seniors at your school. If you have questions please call me at 502.491.5736 or 502.641.6948.

All applications will be reviewed by our Scholarship Committee and must be received by **March 25, 2019.**

Thanks in advance for your assistance.

Sincerely,

A handwritten signature in black ink that reads 'Verna Cahoon'. The signature is written in a cursive, flowing style.

Verna Cahoon, Chairman
Hortense B. Perry Foundation
Scholarship Committee

Hortense B. Perry Foundation
Eta Omega Chapter Alpha Kappa Alpha Sorority, Inc.

Scholarship Application 2019

Application information is required to be printed in ink or typed and mailed to:

Hortense B. Perry Scholarship Committee
Attn: Verna Cahoon
8600 Amerivan Drive
Louisville, KY 40218-1105

Deadline March 25, 2019.

The foundation has two scholarship award categories. You may only apply for one category. Check the scholarship award group that you are requesting. If you apply for an HBCU scholarship and do not attend an HBCU; the scholarship will not be awarded.

_____ **Hortense B. Perry** _____ **HBCU**

Name _____ School _____

Address _____ City: _____ State: _____ Zip code _____

Phone # _____ Cell# _____ Email: _____

Date of Birth: _____ Age: _____

Mother's Name _____ Phone# _____ Cell# _____

Place of Employment: _____ Occupation: _____

Phone # _____

Father's Name _____ Phone# _____ Cell# _____

Place of Employment _____ Occupation: _____

Phone# _____

Number of dependent children including applicant: _____

High School: _____ Phone# _____

Counselor _____

Overall GPA: _____ ACT Score: _____

College you plan to attend: _____ Major: _____

The following items should be mailed in one envelope with the application on top

- Official High School Transcript
- Recent High School Photo (attach to the upper right hand corner of this application, no larger than 3x5; head shot 300+ dpi; jpg or PDF format)
- 2 letters of recommendation (one must be from a teacher in your school) must be typed and placed in a sealed envelope
- Write a personal narrative that gives the scholarship committee a sense of you as an individual. (250 word maximum)

Extra- curricular activities:

Leadership Positions held: _____

Honors, Awards, Scholastic Achievements, Scholarships: _____

I certify that the information on this application is correct. I understand that College enrollment for the Fall Semester is required to obtain the scholarship. I also understand that if I am selected, the Scholarship is for the 2019 academic year. The Scholarship check will be mailed to the College or University when official notice of enrollment is received from the Office of Admissions.

Student's Signature: _____ Date: _____