

Eta Omega Chapter Alpha Kappa Alpha Sorority, Inc.

Scholarship Application

2018

Please print or type all information. Mail to: Hortense B. Perry Scholarship Committee

Attn: Verna Cahoon, 8600 Amerivan Dr. Lou., KY 40299. **Deadline March 24, 2018.**

Check the scholarship that you are applying for. You may only apply for one scholarship. *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)
- 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 2018-2019 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: _____

Information on this application is confidential and will be used only by the Scholarship Committee. Please submit all application materials by March 24, 2018. If there are questions you may contact Mrs. Verna Cahoon, Scholarship Chairman at (502) 491-5736.

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

ASCEND Scholarship Application

2018

Please print or type all information. Mail to Hortense B. Perry Scholarship Committee

Attn: Verna Cahoon, 8600 Amerivan Dr. Lou., KY 40299. **Deadline March 24, 2018.**

(This scholarship is only for students who participate in the ASCEND program)

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)
- 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 2018-2019 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: _____

Information on this application is confidential and will be used only by the Scholarship Committee. Please submit all application materials by March 24, 2017. If there are questions you may contact Mrs. Verna Cahoon, Scholarship Chairman at (502) 491-5736.