St. Luke AKA Members Scholarship Application

- 1. DEADLINE for scholarship application is Sunday, May 18, 2025.
- 2. Type or print legibly. Illegible applications will be not be considered.
- 3. Completed application must be sent via e-mail to StLukeAKAMembersScholarship@slcumc.org.

Plea	ase type or pri r	nt your answers. I	If application is illegible	it will not b	e conside	ered.			
	First Name and Middle Initial								
	Mailing Addre								
			State						
	Daytime Tele	phone Number: ()						
	Date of Birth:		Day		Voor				
	In the Fall of 2	2023, I will be atte	nding college as a: (Cir	cle one)					
	Freshman	Sophomore	Junior Senior						
	Grade Point A	Average (GPA):	(Official Tra	nscript red	quired); S	AT	AC	CT	
	Name & addre Name (s)	ess of parent(s) or	r legal guardian(s):						
	Street/Box		City			St	ate	-	
	Home phone	of parents or lega	l guardians						
	Name and city	y of high school at	ttended:				Year will graduated		
	High School acceptance. Undergradua	of college you att Graduates: Prov Ites: Provide proo ss, city, and state	f of enrollment.	Year Began	Year Ended	Grad	_	Type of Degree	
	What is your r	major or intended	major in college?						
	•	lemic honors, awa sts, and extracurri	ards, memberships, chu icular activities.	rch activiti	es, comm	unity	service acti	ivities, hobbies,	
	Undergraduat	e/Graduate Applic	cant						

Are you a member of Alpha Kappa Alpha	Sorority, Inc.?	Yes	No	
Name of Graduate Advisor				
Graduate Chapter Affiliation		1 (· · · · · · · · · · · · · · · · · · ·	
If you are not a member of Alpha Kappa A	lipna Sorority, Inc.,	, what soro	rity, if any, are you affiliat	ied with?
STATE	MENT OF ACCU	RACY		
I hereby affirm that all the above stated information				
attached the required documents. (transcript, copy essay, 2 references/letters of recommendation, sig				
letterhead from official including name, title, and co				
Submit all your forms in either Word or PDF format				
in the future?		o ao joa j		
Signature of Applicant	Date			
0' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	D-	. 4 -		
Signature of Parent/Guardian	Da	ite		
For Schola	rship Committee	Use Only		
Described by Occording				
Received by Committee	Name		Doto.	
	ivame		Date	
	Reviewed by Cor	mmittee		
	,			