**St. Luke AKA Members Scholarship Application**

1. DEADLINE for scholarship application is May 15, 2023..
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](mailto:StLukeAKAMembersScholarship@slcumc.org).

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| Please **type** or **print** your answers. If application is illegible it will not be considered. | | | | | | | | |
|  | First Name and Middle Initial | | | Last Name: | | | | |
|  | Mailing Address Street/Box \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City State ZIP | | | | | | | |
|  | Daytime Telephone Number: ( ) | | | | | | | |
|  | Date of Birth: Month Day Year | | | | | | | |
|  |  | | | | | | | |
|  | In the Fall of 2023, I will be attending college as a: (Circle one)  Freshman Sophomore Junior Senior | | | | | | | |
| . | Grade Point Average (GPA): \_\_\_\_\_\_\_\_\_\_ (Official Transcript required); SAT \_\_\_\_\_\_\_\_ ACT\_\_\_\_\_\_\_ | | | | | | | |
|  | Name & address of parent(s) or legal guardian(s): Name (s)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Street/Box \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_    Home phone of parents or legal guardians \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
|  | Name and city of high school attended:  . | | | | | | Year will graduate/ graduated: \_\_\_\_\_\_\_\_ | |
|  | List the name of college you attend/plan to attend. **High School Graduates**: Provide proof of acceptance.  **Undergraduates**: Provide proof of enrollment.  Include address, city, and state. | | Year  Began | | Year  Ended | Year  Graduated  (If applicable) | | Type of Degree  Received  (If applicable) |
|  |  |  |  | |  |  | |  |
|  |  |  | |  |  | |  |
|  | What is your major or intended major in college? | | | | | | | |

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| --- | --- |
|  | List your academic honors, awards, memberships, church activities, community service activities, hobbies, outside interests, and extracurricular activities.  Undergraduate/Graduate Applicant  Are you a member of Alpha Kappa Alpha Sorority, Inc.? \_\_\_\_\_Yes \_\_\_\_\_No  Name of Graduate Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Graduate Chapter Affiliation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If you are not a member of Alpha Kappa Alpha Sorority, Inc., what sorority, if any, are you affiliated with?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided is true and correct to the best of my knowledge. I have attached the required documents. (transcript, copy of SAT/ACT score report, proof of acceptance/enrollment, 2-page essay, 2 references/letters of recommendation, signed verification of each community service activity on official letterhead from official including name, title, and contact information, Financial Aid Verification/Copy of FAFSA)

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Scholarship Committee Use Only**

Received by Committee **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**

Name Date

Reviewed by Committee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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