**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.

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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. | YearBegan | Year Ended  | Year Graduated(If applicable) | Type of DegreeReceived (If applicable) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | What is your major or intended major in college? |

|  |  |
| --- | --- |
|  | List your academic honors, awards, memberships, church activities, community service activities, hobbies, outside interests, and extracurricular activities.Undergraduate/Graduate ApplicantAre you a member of Alpha Kappa Alpha Sorority, Inc.? \_\_\_\_\_Yes \_\_\_\_\_NoName 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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