

St. Luke Community UMC AKA Members Scholarship

ELIGIBILITY REQUIREMENTS

Applicants for this scholarship must be a high school senior or an enrolled college student. Three scholarships will be awarded in total. Two scholarships to a high school senior and one scholarship to a college student. The students must meet the listed requirements to be considered.

- * Must be in good standing with the attending school or college/university.
- * Have a cumulative grade point average of 2.75 on a four-point scale.
- * Will be enrolled in an accredited college or university as a full-time student (minimum of 12 hours per semester) by the fall semester 2024.

APPLICATION AND NOTIFICATION PROCEDURES

The scholarship package must include:

- * The completed application
- * Official High school transcript or an official college transcript
- * A list of extracurricular activities
- * Special Recognitions and awards
- * A list of volunteer service/community involvement with the date(s), hours of service and the signature of the attending supervisor or agency.
- * Employment history (optional)
- * Two signed letters of recommendations (on letterhead preferred) with contact information. No letters written by family members will be accepted.
- * A typed essay (not to exceed one page) Topic: "How I Plan To Be An Impact In My Community"
- * The application package deadline is **June 01, 2024**. Incomplete or late package will not be considered.
- * The scholarship finalists must participate in an interview with the scholarship committee members.
- * The students to be awarded will be notified of the date two weeks prior to the scheduled award date. The student must submit verification of enrollment from the educational institution they plan to attend. The funds will be paid to the educational institution.

St. Luke AKA Members Scholarship Application

1. DEADLINE for scholarship application is June 1, 2024.
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

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 2024, 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/P.O.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?					

List your academic honors, awards, memberships, church activities, community service activities, hobbies, outside interests, and extracurricular activities.
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	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? _____
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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 submitted the required documents. (transcript, copy of SAT/ACT score report, proof of acceptance/enrollment, 1-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. PLEASE SUBMIT THE REQUIRED DOCUMENTS IN WORD or PDF format..

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____

For Scholarship Committee Use Only

Received by Committee _____
Name Date

Reviewed by Committee _____

