

Alpha Kappa Alpha Sorority, Incorporated **Xi Delta Omega Chapter** Scholarship Program

MILDRED G. STANSBURY MEMORIAL SCHOLARSHIP AWARD APPLICATION

Scholarship valued at \$1,000.00

THE RECIPIENT MUST MEET THE FOLLOWING CRITERIA TO QUALIFY

1. Be a Cecil or Harford County resident.
2. Be accepted to an accredited college/university.
3. Have at least a 2.7 cumulative grade point average.

FURNISH THE FOLLOWING REQUIRED ITEMS

1. Completed scholarship application.
2. A typewritten 250-word essay, "**How I Can Make a Difference.**"
3. Two letters of recommendation from:
 - Guidance counselor or school faculty member and
 - Organization representative for community/volunteer service.
4. Official transcript.
5. Copy of respective accredited college/university acceptance letter.

All scholarship monies will be sent directly to the college/university financial aid office.

**THE APPLICATION PACKAGE MUST BE POSTMARKED BY MARCH 31, 2016.
APPLICATIONS RECEIVED AFTER MARCH 31, 2016 WILL NOT BE CONSIDERED.**

Alpha Kappa Alpha Sorority, Incorporated **Xi Delta Omega Chapter** Scholarship Award Application

MILDRED G. STANSBURY MEMORIAL SCHOLARSHIP

AGE: [Click here to enter text.](#) DOB: [Click here to enter a date.](#) GENDER: [Choose an item.](#)
ETHNICITY: [Click here to enter text.](#) U.S. Citizen: [Choose an item.](#)
CUMULATIVE G.P.A. [Click here to enter text.](#)

NAME: [Click here to enter text.](#)

HOME ADDRESS: [Click here to enter text.](#)
(Complete home/ mailing address required)

HOME PHONE: [Click here to enter text.](#) EMAIL: [Click here to enter text.](#)

CELL PHONE: [Click here to enter text.](#)

NAME & ADDRESS OF CURRENT HIGH SCHOOL: [Click here to enter text.](#)

CURRENT G.P.A. [Click here to enter text.](#)

NAME & ADDRESS OF COLLEGE WHERE ACCEPTED: [Click here to enter text.](#)

INTENDED MAJOR: [Click here to enter text.](#)

LIST TOP 4 SCHOOL ACTIVITIES AND HONORS RECEIVED DURING HIGH SCHOOL
TENURE (Specify leadership roles and awards received).

[Click here to enter text.](#)

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MILDRED G. STANSBURY MEMORIAL SCHOLARSHIP

NAME: [Click here to enter text.](#)

LIST COMMUNITY SERVICE ACTIVITIES WHICH YOU HAVE ACTIVELY BEEN INVOLVED WITHIN THE LAST 12 MONTHS (Specify leadership roles and awards received).

[Click here to enter text.](#)

*****Parent/Guardian Information*** (required)**

Full Name: [Click here to enter text.](#)

Full Address: [Click here to enter text.](#)

Phone: [Click here to enter text.](#) (Day) [Click here to enter text.](#) (Evening)

THE APPLICATION PACKAGE **MUST BE POSTMARKED BY** MARCH 31, 2015

Send complete application package to:

Alpha Kappa Alpha Sorority, Inc.

ATTN: Scholarship Committee

P.O. Box 663

Havre de Grace, MD 21078

or

akaxideltaomegascholarships@gmail.com