

# ALPHA KAPPA ALPHA SORORITY, INC.®

Eta Tau Omega Chapter-Ocala, Florida

[Etatauomegascholarship@gmail.com](mailto:Etatauomegascholarship@gmail.com)

## SCHOLARSHIP APPLICATION CHECKLIST-2026

*Scholarship will be awarded to a 2026 high school graduate of an accredited Marion County, Florida school who has applied to a post-secondary institution for the school year 2026-2027. The scholarship merits will be based on academic excellence, school and community activities and service, essay, total presentation of application and interview.*

## APPLICATION DEADLINE: TUESDAY, APRIL 14, 2026

(Must be EMAILED By 11:59pm April 14<sup>th</sup> OR POSTMARKED By April 14<sup>th</sup>)

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Cell Phone/Contact Phone: \_\_\_\_\_

Applicant Email: \_\_\_\_\_

High School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Completed

1. Signed Scholarship Application Form (applicant **and** parent signature required)
2. **Typed** Essay Response
3. Two (2) Signed Letters of Recommendation
  - Members of Alpha Kappa Alpha Sorority, Inc. ® **may not** submit a letter of recommendation on your behalf
4. A Recent Photo (attached or emailed)
5. Official Transcript (sealed)
6. Copy of college or university acceptance letter, if received
7. Submit completed application packet to:

### Via Mail:

Alpha Kappa Alpha Sorority, Inc. ®  
Scholarship Committee 2026  
Eta Tau Omega Chapter  
Post Office Box 5864  
Ocala, Florida 34478

### Via Email:

[Etatauomegascholarship@gmail.com](mailto:Etatauomegascholarship@gmail.com)  
Subject: Scholarship Committee 2026

- Application must be typed.
- Interviews are a part of the application process and applicants selected for the second round will be contacted for an interview.
- For questions please contact the Scholarship Committee at [Etatauomegascholarship@gmail.com](mailto:Etatauomegascholarship@gmail.com) or Ms. Lillie Brown- Smith at (352) 361- 6092.
- Proof of full-time enrollment (a minimum of 12 credit hours) **MUST BE** provided before scholarship funds are dispersed. Failure to register in a college or university **and** provide documentation **prior** to February 1 will result in forfeiture of scholarship.

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**APPLICATION INFORMATION**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**MOTHER/GUARDIAN INFORMATION:**

**Name:** \_\_\_\_\_ **Phone:** (if different) \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**FATHER/GUARDIAN INFORMATION:**

**Name:** \_\_\_\_\_ **Phone:** (if different) \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**HIGH SCHOOL:** \_\_\_\_\_ **SR. COUNSELOR:** \_\_\_\_\_

**WEIGHTED GPA:** \_\_\_\_\_ **UNWEIGHTED GPA:** \_\_\_\_\_ **ACT or SAT SCORE(s):** \_\_\_\_\_

**NAME OF COLLEGE/UNIVERSITY YOU PLAN TO ATTEND:** (include city and state)

\_\_\_\_\_

Have you applied for admission?  Yes  No

If yes, have you been accepted?  Yes  No **\*\*If yes, attach copy of acceptance letter.**

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**COMMUNITY/SCHOOL INVOLVEMENT INFORMATION**

Please list ALL that are applicable. Please attach additional documentation as needed.

**EMPLOYER:** \_\_\_\_\_

**EXTRA-CURRICULAR ACTIVITIES:** (school related, sports, clubs, etc.)

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**VOLUNTEER ACTIVITIES:** (past and/or present) \_\_\_\_\_

**HONORS / AWARDS / RECOGNITIONS:** \_\_\_\_\_

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**CHURCH AND/OR COMMUNITY ACTIVITIES:**

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**ALPHA KAPPA ALPHA SORORITY ACTIVITIES:** (list all activities you have participated in)

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**ADDITIONAL SCHOLARSHIP SPECIFICS and REMINDERS**

1. Typed, double-spaced, essay response (400-650 words): see page 4 for details
2. Two (2) letters of recommendation: **One (1) letter must come from a teacher, counselor or an administrator at your school. Members of Alpha Kappa Alpha Sorority, Inc.® or family members CANNOT submit a letter of recommendation on your behalf.**
3. Official sealed transcript listing GPA, class rank, and SAT/ACT scores.
4. Copy of acceptance letter from the college/university, if received.
5. Please submit a recent headshot (attached or emailed)
6. Attend a scheduled interview with the Eta Tau Omega Chapter Scholarship Committee, if contacted.

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**Disclaimer and Signatures**

**We certify that the information provided on this application is accurate and true to the best of our knowledge.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***††Submission of photo by applicant grants consent for reproduction and use of all photographs, digital images and likenesses for publicity purposes in publications, advertisements and all other media venues, including social media platforms, all without further notice or compensation. Applicants hereby release to Alpha Kappa Alpha Sorority, Inc. and Eta Tau Omega Chapter of all proprietary rights and copyrights in all such photographs, digital images, and likenesses which shall be and remain the proper of Eta Tau Omega.***

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**ESSAY QUESTION (PLEASE ATTACH RESPONSE TO YOUR APPLICATION):**

## **Essay topics:**

- 1) Discuss why you should be awarded this scholarship. Include career plans, financial need AND/OR future goals.
  
- 2) Discuss the importance and impact of Historically Black Colleges and Universities (HBCUs) on African American life and society.

- Please choose and provide a response to **one** essay question.
- Response must be 400-650 words, typed and double-spaced.
- Make sure your response pertains to the question asked.
- Your answer must be typewritten and submitted **with** your completed application.
- Include your full name at the top of each page of the essay.