



## 2025 Scholarship Application

Alpha Kappa Alpha Sorority, Incorporated® Alpha Gamma Eta Omega Chapter serves Orange County, New York and plans to award **three (3) \$750.00 scholarships to three (3) high school seniors in Orange County, New York school districts**. The scholarship may not be renewed or postponed.

**TO APPLY ONLINE, PLEASE GO TO: [akaalphagametaomega.org/2025-Scholarships](http://akaalphagametaomega.org/2025-Scholarships)**

**\*Please follow the online instructions for your online application which are different from what is listed below. All online applications must be submitted by April 11, 2025, at 5:00pm.**

**This application packet is for those applicants who are mailing in their applications.** The completed application packet must include: the application, an Official transcript in a sealed envelope, two (2) letters of recommendation in sealed envelopes, a recent photograph of you, an essay, any college acceptance letters if received by the time the application is submitted, and a signed Media/Photo Release Form. **The entire packet must be mailed in one envelope and postmarked by April 11, 2025, at 5:00pm.** Please mail it to:

**AKA-Alpha Gamma Eta Omega  
Attn: Scholarship Committee  
40 Fulton Street  
P.O. Box 961  
Middletown, NY 10940**

**Late and/or incomplete applications will not be considered.**

Announcement of the awards will be made by June 9, 2025.

**Any inquiries may be sent to: [Scholarships@akaalphagametaomega.org](mailto:Scholarships@akaalphagametaomega.org)**

### **Eligibility & Application Requirements**

- To be eligible for the Alpha Gamma Eta Omega Chapter Scholarship, applicants must meet all of requirements.
- Incomplete and/or late applications **will not** be considered for evaluation.
- Applications must have authentic original signatures. Faxes **will not** be considered for evaluation.
- Must be a graduating senior residing in Orange County, New York.
- Must use funds for undergraduate studies or school.
- Must have a cumulative overall grade point average (G.P.A.) of **2.5 or above**.
- **Completed application and supporting materials are due by April 11, 2025, at 5:00pm.**

### **Paper Application Reminders**

- All applications must be typed or clearly printed in blue or black ink.
- Every blank in the scholarship application must be completed.
- All applications must include an Official high school transcript in a sealed envelope.
- Submit a recent photograph of yourself which will be placed on the Chapter's website if you are selected as an Awardee.
- Submit a signed Scholarship Media/Photo Release Form
- Submit any college acceptance letter(s) if received by the time the application is submitted.
- Applicants must submit two (2) letters of recommendation (recommenders cannot be related to applicants).
- The letters of recommendation must be from a current/former teacher, guidance counselor, principal, clergy member and/or community member who knows the academic capabilities of the applicant and/or their contributions to the community. Include the two (2) letters of recommendation in sealed envelopes with your completed application and mail to the above address.

Alpha Gamma Eta Omega Chapter  
2025 Scholarship Application

**General Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Email Address \_\_\_\_\_

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

Parent/Guardian Phone Number: (    ) \_\_\_\_\_

**Education**

Current High School \_\_\_\_\_

Address of High School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Expected Date of Graduation \_\_\_\_\_

Guidance Counselor's Name: \_\_\_\_\_

Guidance Counselor's Phone Number: (    ) \_\_\_\_\_

Guidance Counselor's Email: \_\_\_\_\_

**School/Community Involvement** (attach a sheet with additional awards if needed) PLEASE NOTE:  
List extracurricular activities that you have been personally involved in during grades 9-12.

Name Of Extracurricular Activity	Year(s) of Participation	Office(s) Held

**Awards/Special Honors/Distinctions** (attach a sheet with additional awards if needed) PLEASE

NOTE: List up to five major awards, honors, or distinctions that you have received during grades 9- 12.

Award/Honor/Distinction	Description/Basis for Award	Year(s) Received

**Area(s) of Career Interest**

Career Goal \_\_\_\_\_

Intended College Major \_\_\_\_\_

**Essay (Select One)**

In 1,000 words or less, please answer **one** of the following questions on a separate sheet of paper:

1. What life experiences have shaped who you are today and what challenges have you overcome in achieving your goal(s)?
2. Describe an event in which you took a leadership role and tell us what you learned about yourself.

Essay must be typed, size 12 Font, and double spaced. Please include your full name and the question you are answering at the top of your essay. Include the essay with your application packet.

**Applicant's Certification and Permission to Release Information**

- I hereby certify that all information submitted on this application is true and accurate to the best of my knowledge.
- I understand that submitting nonfactual information will automatically disqualify me from consideration for this scholarship.
- By submitting this application, I authorize my high school to make information concerning my academic records available to the Alpha Gamma Eta Omega Chapter Scholarship Committee.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Alpha Kappa Alpha Sorority, Incorporated®

Alpha Gamma Eta Omega Chapter

proudly serving Orange County, NY



## Media/Photo Release Form

I, \_\_\_\_\_ hereby grant to the Alpha Gamma Eta Omega Chapter, herein after AGHO, the right and permission to use any video, photographs, image, or digital representation of me or my minor named below on whose behalf I am signing, and with respect to any AGHO videos, print materials, or digital communications in connection with education and scholarship programs, and to use my name, or the name of the minor on whose behalf I am signing, in connection with the AGHO Scholarships. I agree that AGHO may use photographs/images/videos of me, or the minor named below on whose behalf I am signing, with or without my name, or minor's name and for any lawful purpose, including for example purpose of publicity, illustration, advertising, and Web content. I hereby release, discharge and agree to indemnify and hold harmless AGHO, its legal representatives or assigns and all persons acting under its permission or authority, from all claims and demands whatsoever arising out of or in connection with the forgoing, and waive any right to review, inspect, or approve any uses of my likeness for these purposes.

\_\_\_\_\_  
Signature of Applicant if not a minor

\_\_\_\_\_  
Date

I, hereby certify that I am the parent and/or legal guardian of \_\_\_\_\_ minor under the age of eighteen years, and hereby consent on behalf of said minor to the use of any of the media and/or photographs taken of said minor pursuant to the terms set forth in this AGHO Release Form, including without limitation, the release, discharge and hold harmless provisions thereof.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date