Gamma Omega Omega Chapter P. O. Box 875 La Marque, TX 77568



## **Scholarship Packet Contents:**

Scholarship Requirements, Application & Media Release Form

Submission Deadline: April 5, 2024

### For more information contact:

Scholarship Committee Chairman: Jalessa Franklin - jalessa.jf88@gmail.com Co-Chairman: Sherronda Searles Galloway - ssearles 7602@gmail.com **Organizational President: Teri Toliver-Hailey** 

> Scholarship Email: gooakascholarships@gmail.com Website: www.gammaomegaomega.com



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Dear Graduating High School Senior,

We are excited about your interest in applying for our 2024 Scholarship. Our organization is committed to providing service and support to deserving students in our area. Our goal is to award scholarships to high school seniors attending La Marque, Texas City, Hitchcock, and Dickinson high schools who are planning to attend a two or four-year college/university in the Fall of 2024 as a full-time student.

The actual scholarship amount will be determined by the Scholarship Committee of Gamma Omega Omega Chapter of Alpha Kappa Alpha Sorority, Inc.®

Please email or mail your completed application packet to our post office box post-marked by **April 5, 2024.** Thank you for giving us this opportunity to be of service to you.

Best Wishes, Gamma Omega Omega Chapter 2024 Scholarship Committee

### **Scholarship Application Requirements**

- Applicant must be a senior attending La Marque, Texas City, Hitchcock or Dickinson High School.
- Complete Scholarship Application.
- Provide two letters of recommendation from teachers, counselors, or coaches.
  - Letters of recommendation should *not* be from a family member.
- Provide a current official high school transcript. The transcript must be sealed.
- Write an essay explaining your educational/career goals and how this scholarship will help you achieve them.
  - The essay must be no longer than 500 words, typed, double-spaced, 12-point font, and Times New Roman font.
- Submit a photo (head-shot) and signed media release form.
  - Photos should be legible and must not include watermarks.



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Please print or type all the information on the application.

| Applicant Information  |   |                   |                |                 |                     |  |  |
|--|---|-------------------|----------------|-----------------|---------------------|--|--|
| Last Name  | First Name                                |                   |                |                 | MI                  |  |  |
| Street Address   |   |                   |                |                 | Apt #               |  |  |
| City   |   | 2                 | Zip Co         | ode             |                     |  |  |
| Email Address  | Home Phone (include area code) Cell Phone |                   |                | Cell Phone (in  | clude area code)    |  |  |
| Family Information   |   |                   |                |                 |                     |  |  |
| Mother's/Guardian Name   | Mother/Guardian Phone #                   |                   |                | Phone #         |                     |  |  |
| Father's/Guardian Name   | Father's/Gu                               |                   | ardian Phone # |                 |                     |  |  |
|  |   |                   |                |                 |                     |  |  |
| A  | Academic I                                | nformation        | 1              |                 |                     |  |  |
| High School Currently Attending  |   |                   |                |                 |                     |  |  |
| Anticipated Graduation Date  | GPA (on a 4.0 pc                          | int scale)        | Clas           | ss Rank         |                     |  |  |
| College / University Plan to Attend                                    |   | Have you been     | n acce         | pted? Yes       | No                  |  |  |
| Intended Major   |   |                   |                |                 |                     |  |  |
| High School Counselor's Name   |   |                   |                |                 |                     |  |  |
| Ac   | ctivities and                             | d Leadersh        | ip             |                 |                     |  |  |
| List past and present membership in grades 9 Indicate any office held. | -12, this include                         | s school organiza | ations,        | church organiza | ations, and job(s). |  |  |
|  |   |                   |                |                 |                     |  |  |
|  |   |                   |                |                 |                     |  |  |
|  |   |                   |                |                 |                     |  |  |
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| Activities and L                               | Leadership continued                               |
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| Application                                    | on Agreement                                       |
| accredited University or College before the sc | l be required to produce proof of enrollment to an |
| Applicant's Printed Name                       |  |
| Applicant's Signature                          | Date   |



Alpha Kappa Alpha Sorority, Incorporated® Gamma Omega Omega Chapter P.O. Box 875 La Marque, TX 77568

#### **MEDIA RELEASE**

The Gamma Omega Omega Chapter of Alpha Kappa Alpha Sorority, Inc.® maintains a website that contains information about the chapters' service projects and programs. From time to time we may videotape, photograph, or post media about the chapters' service projects and programs.

#### Minors: Individuals under 18

For the photo(s) or video(s) of someone under the age of 18 to appear on our website we must obtain written permission from the individual. Personal information about your child is never posted nor is information indicating physical locations of your child at any given time other than general participation information about an activity/event at a particular chapter program or service project.

#### Minors/Adults

Please sign below to allow [myself/ the minor] to be a part of these good news stories about our chapter program(s) and service projects(s). I give permission for [my/my minors] photo to appear on Gamma Omega Omega Chapter of Alpha Kappa Alpha Sorority, Inc.® website and may be accessed by the general public at any time.

| Minor's Name:                             |  |
|---|--|
| Signature of Parent/Guardian/Participant: |  |
| Date:                                     |  |



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## **High School Scholarship Application Checklist**

Use the following checklist to ensure your 2024 Scholarship Application has been properly completed for submission prior to the deadline. Incomplete applications will **not** be considered.

Your application **must** include the following documents:

| Application  |
|--|
| 2 Letters of Recommendation  |
| Sealed official transcript   |
| Essay: What are your educational/career goals and how will this scholarship help you achieve them?       |
| Photo (headshot)   |
| Signed media release form  |
| Ensure that there is sufficient postage on the envelope to mail your application. Insufficient postage   |
| will cause your application to be returned to you creating a delay in it being received by the deadline. |
|  |

Email the Application & required documents to gooakascholarships@gmail.com or mail your application to ensure that it's post-marked on or before, April 5, 2024, to the address below. Official transcripts must be sealed. Selected recipients will be required to complete a W9.

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