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



## **Scholarship Packet Contents:**

Scholarship Requirements, Application & Media Release Form

Submission Deadline: April 4, 2025

### 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 2025 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 will attend a two or four-year college/university in the Fall of 2025, as a full-time student.

The 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 4, 2025.** Thank you for giving us this opportunity to be of service to you.

Best Wishes, Gamma Omega Omega Chapter 2025 Scholarship Committee

### **Scholarship Application Requirements**

- Applicant must be a senior attending La Marque, Texas City, Hitchcock or Dickinson High School.
- Complete the 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 a minimum of 250 words, typed, double-spaced, 12-point font, in 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		Father's/Guardian 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 Lead	lership continued
Application	Agreement
I understand that completing this form does not in scholarship. If selected I understand that I will be enrollment to an accredited University or College have read the information provided on the applica and complete in its presentation.	required to produce proof of full-time before the scholarship dollars are released. I
Applicant's Printed Name	-
Applicant's Signature	Date



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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 2025 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:

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	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 4, 2025 to the address below. Official transcripts must be sealed.

\*Selected recipients will be required to complete a W9.

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