Dear Scholarship Applicants:

The Cultured Pearls of Service, Inc., the charitable arm of Alpha Kappa Alpha Sorority Inc., Rho Xi Omega Chapter, is committed to serving the Baltimore Metropolitan Area. As part of our dedication to education and service, we will be awarding four-year renewable scholarships to Baltimore City Public School students in the amount of $1, 500.00 per year. Scholarships will be based on academic achievement, community involvement, and applicant’s ability to effectively articulate ideas both orally and in writing. Candidates can choose to apply for **ONE** of the four scholarship/awards listed below. If selected, the candidate will be required to participate in an in-person interview.

## FOUR-YEAR RENEWABLE SCHOLARSHIPS/AWARD:

1. **The Cultured Pearls of Service Scholarship**
	1. Must be a graduating senior with a minimum 3.0 GPA (“B”)
	2. Plans to be a full-time student at a four year Historically Black College/University (HBCU)
	3. Demonstrates leadership and service to community
	4. Must maintain a full- time enrollment at an HBCU and 3.0 GPA
2. **The Community Service Scholarship**
	1. Must be a graduating senior with a minimum 3.0 GPA (“B”)
	2. Demonstrates leadership and service to the community (minimum of 300 community service documented hours)
	3. Plans to be a full-time student at four year college/university in the fall
	4. Must maintain full-time status and 3.0 GPA

## Alpha Kappa Alpha Sorority, Inc. Founders’ Scholarship

* 1. Must be a first-generation female graduating senior with a minimum 3.0 GPA (“B”)
	2. Plans to be a full-time student at a four year Historically Black College/University
	3. Must maintain full-time enrollment at an HBCU and 3.0 GPA
1. **The Perseverance Award**
	1. Must be a graduating senior
	2. Must have a minimum 2.5 GPA
	3. Demonstrates commitment, hard-work, and endurance in pursuing education of higher learning and/or career and technology education.
	4. Plans to be a full-time student at a college or career school
	5. Must maintain full-time enrollment and 2.5 GPA

**REQUIREMENTS:**

* A completed, legibly written or typed scholarship application
* Official transcriptemailed by a school official to **scholarship.rxo.aka@gmail.com****.**
* Two letters of recommendation from school or community
* A copy of the FAFSA confirmation page
* Write a 300-500 word essay to explain why you should be selected as a recipient of this scholarship/award, your career goals, and how attaining your goals will help you give back to the community. Your essay MUST be typed, double-spaced, 1-inch margins, 12-point Times New Roman font.
* Professional Headshot (No hats except for medical or religious reasons).
* Applicants who are selected to proceed to the finalist round will be required to participate in an in-person interview.
* Applicants who are awarded a scholarship will receive a letter of award and be recognized at a CPS, Inc./Rho Xi Omega Chapter spring event.
* The completed application must be EMAILED to **scholarship.rxo.aka@gmail.com** by **APRIL 02, 2021.**

**PLEASE NOTE-**

* Relatives of Rho Xi Omega Chapter members are not eligible to receive this scholarship/award.

If you have any additional questions, contact Cynthia Wilson-Shirley or Dr. Irma Johnson at scholarship.rxo.aka@gmail.com.

Yours truly,

Cynthia Wilson-Shirley, Chairman

Dr. Irma Johnson, Co-Chairman

Scholarship Committee

**scholarship.rxo.aka@gmail.com**

**I am applying for the following scholarship: (PLEASE ONLY CHECK ONE)**

* The Cultured Pearls of Service Community Scholarship
* The Community Service Scholarship
* Alpha Kappa Alpha Sorority, Inc. Founders’ Scholarship
* The Perseverance Award

Name:

Date of Birth: / / Age:

Mailing Address:

Email Address:

Home Telephone: ( ) - Cell Phone: ( ) -

High School Name: Graduation Date: \_\_\_\_\_

School Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Community Service Hours:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Extra---Curricular Activities**

Participation in school organization/team(s):

Participation in community organization/church/team(s):

##  College Choices:

 1st : Major: Accepted Y/N

 2nd : Major: Accepted Y/N

 3rd : Major: Accepted Y/N

 Applicant’s Name;

# Family Information

Family Member Yearly Income Employer’s Name and Address

 $

 $

 $

 $

Will you be a 1st generation college student? ⎕Yes ⎕No

List names of brothers/sisters living in the home who are attending school/college

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How many brothers/sisters are living at home?

Who is responsible for your care? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| List any financial aid/scholarship/grant and the amount for which you have applied/been awarded. |
|  **Name** |  |  **Applied** |  **Awarded** |  **Amount** |
|  |  |  |  $ |
|  |  |   | $  |
|  |  |   | $  |
| **Work Experience (Paid and/or Volunteer--List Most Recent First)** |
| Dates | Employer’s Name and Address | Hrs. Worked | Paid or |
| From - To |  | Per Week | Volunteer |

Scholarship Application Checklist

**Before mailing your application, did you include**:

* A completed, legibly written or typed scholarship application
* An official transcript emailed by school official to scholarship.rxo.aka@gmail.com
* Two (2) letters of recommendation from school or community
* Professional Headshot (No hats except for medical or religious reasons).
* 300-500 typed, double-spaced, 1-inch margins, 12-point Times New Roman font
* A copy of your FAFSA student confirmation page

**Be sure you have included all the materials requested in your packet**

 Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

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

Official Use Only

Date Received / / Postmark Date: / / Official Transcript: Y/N

Transcript Date Received / / Verified By: