



# Alpha Kappa Alpha Sorority, Incorporated

## THETA LAMBDA OMEGA UNDERGRADUATE COLLEGE GRANT

The following criteria must be met before an application can be processed. The applicant must:

- Be a resident of Oakland, Macomb or Wayne Counties.
- Be an undergraduate full-time student in good standing at an institute of higher learning (college, university, technical school, etc.).
- Be at least a sophomore, with a 2.5 grade point average or better.
- Provide previous year household income tax statement **to demonstrate financial need.**
- Provide verification of enrollment from your institution for the year that the grant is to be awarded.
- Submit two references – one from an individual other than a relative, and one from your institution of higher learning.
- Submit an essay that will cover the following topics:
  - Detailing of current expenses and how these expenses are being met (including tuition costs).
  - Showing how the grant would benefit you, e.g. books, room and board, class credits, etc.
  - Identifying what financial challenges exist in meeting educational goals.
- Attend an interview by the screening committee.
- Submit a completed application by April 1<sup>st</sup>, 2019 to:
  - Alpha Kappa Alpha Sorority Inc. Theta Lambda Omega Undergraduate Grant  
PO Box 431383, Pontiac, MI 48343  
Attn: Anisha Hannah  
**\* US MAIL ONLY\***

\_\_\_\_\_  
Please type or print in ink:

Name \_\_\_\_\_ Date: \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address of Parent/Guardian \_\_\_\_\_

Place of Employment:

Father \_\_\_\_\_ Mother \_\_\_\_\_

List below those who receive support from the head of your household. Give the relationships, age, place of employment, or school. List the names and ages of all your brothers and sisters.

Name \_\_\_\_\_

NAME RELATIONSHIP AGE EMPLOYMENT/SCHOOL

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

What is the name of institution that you are presenting attending? \_\_\_\_\_

What is your current classification (Sophomore, Junior, Senior)? \_\_\_\_\_

What is your current grade point average? \_\_\_\_\_

For which school term are you applying for assistance? (Check only the terms you will be attending full time.)

Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Do you plan to work while attending school (if so, where)? \_\_\_\_\_

Have you completed the FAFSA form? \_\_\_\_\_

If you have received or are expecting to receive any of the following for the coming school term, please check the appropriate item(s).

\_\_\_\_\_ A Scholarship \_\_\_\_\_ A financial grant (PELL)

\_\_\_\_\_ A government loan \_\_\_\_\_ A work study scholarship

\_\_\_\_\_ An educational grant

\_\_\_\_\_ Other \_\_\_\_\_

Please indicate where you plan to live during the academic year.

With parents \_\_\_\_\_ With relatives \_\_\_\_\_ Dormitory \_\_\_\_\_ Apartment \_\_\_\_\_

Name of High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

With what church are you affiliated? \_\_\_\_\_

In what church activities have you participated (while in high school and/or college)? Position?

TYPE OF ACTIVITY POSITION

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

**Name** \_\_\_\_\_

I hereby affirm that the information provided in this application is correct to the best of my knowledge. I hereby affirm that I will do my best to uphold the requirements of my eligibility. I understand that if I fail to meet these requirements, my eligibility for further aid will be terminated.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent of Guardian