



**Alpha Kappa Alpha Sorority, Incorporated®**  
**Psi Psi Omega Chapter**  
**Continuing College Student**  
Scholarship Application  
Academic Year (2026-2027)

Community Involvement:

---

---

---

---

---

---

---

Accomplishments (Include offices held, honors, awards):

---

---

---

---

---

---

---

Are you currently enrolled in an accredited college or university in the U.S.?  Yes  No

Have you received a copy of the acceptance/enrollment letter for 2026-2027? (the letter must be provided with application)

Yes  No

**Alpha Kappa Alpha Sorority, Incorporated®**  
**Psi Psi Omega Chapter**  
**Continuing College Student**  
Scholarship Application  
Academic Year (2026-2027)

Statement of Acknowledgement:

As a condition of acceptance of this award, I, the undersigned, agree that the information provided is correct and factual to the best of my knowledge. I understand that I must be a continuing student at the time of submission and must submit a fully complete application package by the deadline. I also understand that this scholarship award is only for the 2026-2027 academic school year.

By signing this application, I understand that by providing my photograph with this application; should I be selected as an awardee, the photograph becomes the property of Alpha Kappa Alpha Sorority, Incorporated®, Psi Psi Omega Chapter. I also hereby grant Alpha Kappa Alpha Sorority, Incorporated®, Psi Psi Omega Chapter permission to capture and reproduce via web media or printed publications, my name, likeness, and or photographs of me. All applications and essays become the property of Alpha Kappa Alpha Sorority, Incorporated®, Psi Psi Omega Chapter.

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

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

Parent Signature: \_\_\_\_\_

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

**Alpha Kappa Alpha Sorority, Incorporated®**  
**Psi Psi Omega Chapter**  
**Continuing College Student**  
Scholarship Application  
Academic Year (2026-2027)

**The applicant must:**

1. Reside or attend school in Stafford or Fauquier County
2. Be accepted/enrolled in an accredited college or university in the United States and provide verification of current enrollment for 2026-2027
3. Have a minimum cumulative college grade point average of 3.00 (on a 4.00 scale) or higher and provide an official college transcript (unopened)
4. Submit a 500-word typed essay (on a separate sheet)
5. Submit an applicant photograph

**\*\*This scholarship is a one-time award\*\***

**Scholarship Essay**

This essay must be 500 words, typed in Times New Roman font, 12-point and double spaced. The essay is rated on content, depth, grammar, organization, originality, and how the topic specified below is addressed. All essays must be included in this packet to be considered for a scholarship and will become the property of Alpha Kappa Alpha Sorority, Incorporated®, Psi Psi Omega Chapter.

**Essay Topic**

Continuing College Student: How will you utilize your education to make a difference in society?

**Scholarship Checklist:**

- Completed and signed application
- Essay titled, “Continuing College Student: How will you utilize your education to make a difference in society?”
- Official transcript (unopened)
- College verification of enrollment letter
  - Two (2) letters of recommendation from non-family members
  - One (1) from a present faculty member from your high school
  - One (1) from a community member
- Applicant photograph

**Alpha Kappa Alpha Sorority, Incorporated®**  
**Psi Psi Omega Chapter**  
**Continuing College Student**  
Scholarship Application  
Academic Year (2026-2027)

Application packages can be completed and submitted at <https://staffordaka.com> or completed application packet may be emailed to [scholarshipsipsiomega@gmail.com](mailto:scholarshipsipsiomega@gmail.com) or mailed (postmarked) by

**April 3, 2026** to:

Alpha Kappa Alpha Sorority, Incorporated®  
Psi Psi Omega Chapter  
Post Office Box 33, Garrisonville, VA 22463

Scholarship award recipients will be notified by May 4 2026. For additional information visit: [www.staffordaka.com](http://www.staffordaka.com), or you may contact the Scholarship Chair at: [scholarshipsipsiomega@gmail.com](mailto:scholarshipsipsiomega@gmail.com)

**NOTE:** Awards \$600 or more will require personal information for tax purposes.

**Alpha Kappa Alpha Sorority, Incorporated®**  
**Psi Psi Omega Chapter**  
**Continuing College Student**  
Scholarship Application  
Academic Year (2026-2027)

Scholarship Recommendation Form

THIS SHEET SHOULD BE USED AS A COVER PAGE FOR EACH LETTER OF  
RECOMMENDATION

This form may be duplicated as many times as needed. Each candidate must have a *minimum* of two (2) but not more than three (3) letters of recommendation. Teachers, administrators, counselors, community representatives, and business/industry partners may submit letters of recommendation.

**Name of Student Being Recommended:** \_\_\_\_\_

**Name of High School:** \_\_\_\_\_

Thank you for your assistance in evaluating this applicant who is applying for a scholarship that recognizes a high school senior for outstanding academic achievement, leadership, and/or service to the community. The most effective letters of recommendation will specifically address the questions to be considered by the selection committee.

The Selection Committee will consider the following questions:

1. How has the applicant promoted positive self-esteem and served as a role model for others?
2. How has this been done beyond what is generally expected?
3. How has the applicant demonstrated academic excellence and achievement?
4. Has the applicant demonstrated an interest in pursuing post-secondary education, and if so, what have they done that demonstrates that they will successfully complete a post-secondary program?
5. What about the applicant's character distinguishes them as young adults?
6. How has the applicant been a force of constructive change in their school, church, home, or community?

**Alpha Kappa Alpha Sorority, Incorporated®**  
**Psi Psi Omega Chapter**  
**Continuing College Student**  
Scholarship Application  
Academic Year (2026-2027)

Recommended by: (Please type or print clearly)

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

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Completed Recommendations may be emailed to [scholarshipsipsiomega@gmail.com](mailto:scholarshipsipsiomega@gmail.com) or  
mailed (postmarked) by  
**April 3, 2026** to:

Alpha Kappa Alpha Sorority, Incorporated®  
Psi Psi Omega Chapter  
Post Office Box 33, Garrisonville, VA 22463