

Alpha Kappa Alpha Sorority, Incorporated®
Psi Psi Omega Chapter
Vocational School/Community College
Scholarship Application
Academic Year (2026-2027)

Please check if you are attending/planning to attend:

Vocational School: _____ Community College: _____

Full Name: _____ Date of Birth: _____

Telephone Number: _____ Alternate Number: _____

E-Mail Address: _____

High School or College: _____ City: _____ State _____

High School Grade/College Year: _____ GPA: _____

School Counselor's Name/Telephone _____

Date/Time of Senior Awards Program (if applicable): _____

School Involvement (Include offices held, honors, awards):

Community Involvement:

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Accomplishments (Include offices held, honors, awards):

Have you been accepted to/or enrolled in a Vocational School or community college?
Yes _____ No _____

If accepted or enrolled, provide name of school, address, and a copy of acceptance/enrollment letter:

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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 high school senior or 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: _____

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The applicant must:

1. Reside or attend school within Stafford or Fauquier County.
2. Be accepted/enrolled in a Vocational School, or community college in the United States:
 - a. High school seniors must provide verification of current college acceptance for 2026-2027 and an official high school transcript (unopened).
 - b. Continuing college students must provide verification of current enrollment for 2026-2027 and an official college transcript (unopened).
3. Submit a 250-word typed essay (on a separate sheet).
4. Submit an applicant photograph.

Scholarship Essay

This essay must be 250 words, typed in Times New Roman font, 12-point and double spaced. The essay is rated on content, depth, grammar, organization, originality, and addressing the specific topic for the scholarship topic you are applying. All essays must be included in this packet to be considered for a scholarship and become property of Alpha Kappa Alpha Sorority, Incorporated®, Psi Psi Omega Chapter.

Essay Topic

Vocational School or Community College: “How will you utilize your education to make a difference in society?”

Scholarship Checklist:

- Completed and signed application.
- Essay titled, “How will you utilize your education to make a difference in society?”
- Official Transcript (Unopened).
 - College acceptance letter (for high school seniors) or enrollment letter (for continuing college students) from a vocational school, or community college. If you are in high school and your college application is still under consideration, you must attach a letter from the school acknowledging receipt of your admissions application.
 - 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 Photo.

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Application packages can be completed and submitted at <https://staffordaka.com> or
Completed application packet may be emailed to 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, or you may contact the Scholarship Chairman
at: scholarshipsipsiomega@gmail.com.

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

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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?

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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 or
mailed (postmarked) by
April 3, 2026 to:

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