

**Alpha Kappa Alpha Sorority, Incorporated®**  
**Psi Psi Omega Chapter**  
**Service Leadership and Aspiring HBCU Students**  
Scholarship Application  
Academic Year (2026-2027)

Please check which scholarship you are applying for:

Service Leadership: \_\_\_\_\_ HBCU: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

High School: \_\_\_\_\_

County: \_\_\_\_\_

GPA/Class Rank: \_\_\_\_\_ SAT Score: \_\_\_\_\_ ACT Score: \_\_\_\_\_

School Counselor's Name/Telephone Number: \_\_\_\_\_

Date/Time of Senior Awards Program: \_\_\_\_\_

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

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Community Involvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accomplishments (Include offices held, honors, awards):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been accepted by an accredited college? Yes \_\_\_\_\_ No \_\_\_\_\_

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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 at the time of submission and must submit a fully completed 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 in an accredited college or university in the United States (provide verification of current acceptance for 2026-2027);
3. Have a minimum cumulative grade point average of 3.00 (on a 4.00 scale) or higher (provide an official high school transcript (unopened));
4. Submit a 450-500-word typed essay (on a separate sheet); and
5. Submit an applicant photograph.

**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 Topics per Scholarship**

**Service Leadership:** Provide a quote that inspires you. Describe how it has influenced your life, leadership, and/or community service and how you envision it shaping your future.

**Aspiring HBCU:** How have your experiences to date prepared you to be successful at an Historically Black College and University (HBCU) and to be a contributing member of society?

**Scholarship Checklist:**

- Completed and signed application
- An essay on a topic based on the scholarship you are applying for:  
Service Leadership or Aspiring HBCU
- Official Transcript (unopened)
- College acceptance letter from an accredited college or university. If your college application is still under consideration, you must attach a letter from the college 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 photograph

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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](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.

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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](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