

Alpha Kappa Alpha Sorority, Incorporated®
Omicron Lambda Omega Chapter

2019-2020 JUDITH JOHNSON MEMORIAL SCHOLARSHIP APPLICATION

I. Eligibility

- Enrolled, Full-time students.
- Minimum of C+ or above.
- Must be a childhood cancer survivor and/or had a parent with cancer.
- This is a one-year award; previous recipients are not eligible.
*Must be able to attend or send a representative to the "On the Heels of Hope" Cancer Awareness Brunch on October 12, 2019.

II. Applicant Requirements

- Eligible students must submit a completed official application and attach all required documentation. Incomplete applications will not be reviewed. Applications received after the deadline will not be reviewed.

Applications must be postmarked no later than October 4, 2019 and mailed to the following address:

Alpha Kappa Alpha Sorority, Inc.
Omicron Lambda Omega Chapter
Attention: EAF/Scholarship Committee
Post Office Box 870403
New Orleans, LA 70187-0403

III. Scholarship Terms and Conditions

Scholarship award will range from \$1,000.00 to \$3,000.00 per university. Scholarship recipients must be full-time, in good standing with the university, and currently enrolled in the designated university in the academic year of their selection. Scholarship funds will be paid directly to the institution.

IV. Application Completion Checklist – {For Student Use Only}

- _____ Completed Application
- _____ Extracurricular Activities
- _____ Community/Volunteer Service
- _____ Honors, Awards and Scholarships
- _____ Sealed, Official Transcript from all degree-granting institutions attended
- _____ Two (2) Letters of Recommendation
- _____ Personal Goal Statement

This page does not need to be submitted with completed application.

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{Please Type All Application Information}

Part I – Personal Information

First Name **Middle Name** **Last Name**

Permanent Mailing Address **Street** **Apt. Number**

City **State** **Zip Code**

Home Phone Number **Alternate Phone Number** **Email Address**

Part II – Academic Information {List All Universities Attended – Most Recent First}

University: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Hours completed: _____ **Major Area of Concentration:** _____

Dates Attended: _____

Expected Date of Graduation: _____

University: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Hours completed: _____ **Major Area of Concentration:** _____

Dates Attended: _____

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Applicant's Name _____

Part III – Community Involvement

A. Extracurricular Activities - On a separate page, list the activities on the collegiate level in which you have had the most involvement (clubs, government, publications, theater arts, etc.). Do not use acronyms. Include the following information: Organization Name, Description of Organization's Purpose, Years Involved and Positions Held.

B. Community/Volunteer Service - On a separate page, list agencies or organizations in which you have participated **WITHOUT PAY** during the last three years (religious groups, hospital volunteer, cultural activities, outreach programs etc.) Do not use acronyms. Include the following information: Agency, Service Description and Total Hours Volunteered.

Part IV - Supporting Documents – {All Documents Should Be Attached To Official Application}

1. Honors, awards, scholarships and year received
2. Sealed, official transcript from the Registrar of your current university
3. Two letters of recommendation from professionals who can attest to your character, interpersonal relationships and academic achievements. Letters of recommendation should not come from family members or peers.

Part V – Personal Goal Statement

On a separate page and in no more than 500 words, what did you learn about hope during your cancer journey? For children whose parent had cancer did you learn from their parent's cancer battle?

Applicant's Signature: _____

Date: _____