



ALPHA KAPPA ALPHA SORORITY, INC.



Lambda Upsilon Omega Chapter
Concord, North Carolina

The Mable Parker McLean Scholarship
2019 Scholarship Application

The Lambda Upsilon Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated provides scholarships to foster its commitment to cultivating and encouraging high scholastic standards and strong community engagement among high school students in Cabarrus County. In 2019, Lambda Upsilon Omega chapter will award four one-time scholarships to qualified high school students in the amount of \$500 each. At least one of the scholarships will be awarded to a student attending a HBCU (Historically Black Colleges and Universities) in support of the organization's HBCU For Life: A Call to Action program. Eligible candidates must attend a Cabarrus County high school, have a minimum GPA of 3.0, demonstrate leadership capabilities through community service and/or extracurricular activities, and attend a four-year college or university beginning Fall 2019.

All information listed below must be submitted as one package:

- A) A completed application form**
- B) An official high school transcript listing a GPA of at least 3.0**
- C) Two letters of recommendation: 1) from a teacher/staff at your school 2) from a leader, employer, coach, etc. in your community**
- D) A 500-word essay in Times New Roman or Arial 12-point font on the selected topic: Recount a time when you faced a challenge, setback, or failure. How did it affect you, and what did you learn from the experience?**

Please mail the completed application package to:

Attn: Scholarship Committee
Lambda Upsilon Omega Chapter
Alpha Kappa Alpha Sorority, Incorporated
PO Box 6569
Concord, NC 28027

To be eligible for consideration, the completed application package must be received or postmarked by **Monday, April 1, 2019**. Incomplete application packages will not be considered.

All applicants will be notified upon final selection of the scholarship recipients. Please direct all questions to the Lambda Upsilon Omega Chapter Scholarship Committee at lambdaupsilonomegaaka@gmail.com.

Thank you for your interest,
Lambda Upsilon Omega Chapter Scholarship Committee



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(Please Type or Print in Blue/Black Ink)

Applicant Name:

High School *(Cabarrus County Schools Only):*

Current GPA:

Home Address:

City State Zip Code

Home Phone: () _____

Cell Phone: () _____

E-Mail:

Gender: _____

Birth Date: ____/____/____ (Month/Day/Year)

Parent/Guardian Name(s):

Parent/Guardian Phone(s):

() _____

Parent/Guardian E-Mail(s):

College/University attending in Fall 2019 and intended major:

Community service, extracurricular activities, or leadership roles during high school *(include year/grade of participation):*

Signature of Applicant _____

Date _____