**TO:** SchoolCounselors, Administrators, Churches, and Community Leaders

**FROM:** Alpha Kappa Alpha Sorority, Incorporated

**RE:** N. Evelyn Brandon Memorial Scholarship

The Rochester Twenty Pearls Foundation, Inc. is an organization founded by the Delta Nu Omega Chapter of Alpha Kappa Alpha, Sorority Inc. The Foundation consists of African American women who are interested in cultivating and encouraging young people to improve their lives and develop their potential.

Scholarships are one of the channels through which The Rochester Twenty Pearls Foundation perpetuates our commitment to scholarship and service. These scholarships and grants are awarded to graduating high school students in the Greater Rochester area who have demonstrated academic excellence and leadership ability in addition to expressing a sincere interest and capability for furthering their potential through higher educational opportunities.

TheScholarship Program awards scholarships in two categories:

|  |  |
| --- | --- |
| **CATEGORY I** | **CATEGORY II** |
| 3.0 or better GPA (based on six semesters and current report card) | 2.5 or better GPA (based on six semesters and a current report card) |
| Has been accepted or is being considered in a post-secondary educational institution. | Has been accepted and is planning to attend a historically **Black College or University.** |

**Additional Criteria for Selection in both Categories**

* Graduating high school student from the Greater Rochester area
* Has developed leadership skills, strong moral character and/or has shown exemplary abilities through participation in school and community activities.
* Has exhibited continuous pursuit of academic excellence.
* Has submitted the completed application and all supporting documentation by **March 1st**

**Mail the complete application packet to:**

**Urban League of Rochester, N.Y. Inc.**

Black Scholars Program, Attention: Mr. Timothy Johnson

The Rochester Twenty Pearls Foundation Scholarship Program

265 N. Clinton Ave.

Rochester, N.Y. 14605

**Excluded from participation are relatives and family members of Alpha Kappa Alpha Sorority, Inc., The Rochester Twenty Pearls Foundation Inc. and Delta Nu Omega Chapter**

**DEADLINE: The application and ALL related materials should be postmarked no later than March 1st**

STUDENT FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION A: STUDENT RESUME**

# Each Student is requested to prepare a “Student Resume” and attach it to their application packet. The student resume must include, but is not limited, to the following:

**1. PERSONAL DATA**

Full Name

Date of Birth

Address, City, State, Zip code

Telephone Number

E-mail address

**2. SCHOOL INVOLVEMENT**

Extra curricular activities in school (clubs, groups, sports, etc.)

Student leadership office held (class president, student body officer, etc.)

**3. ANY HONORS AND AWARDS**

Honor Roll, Dean’s List, Outstanding student, etc.

**4. COMMUNITY INVOLVEMENT**

Church involvement

Demonstrated volunteer work with local community agencies

**5. HOBBIES, TALENTS, SPECIAL INTEREST, TRAVEL**

**6. WORK EXPERIENCE**

Include any work experience: Name of Employer, Your Job Title, Dates of Employment

**7. PERSONAL STATEMENT**

Prepare a personal statement in 100-250 words about your goals & educational objectives.

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STUDENT FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION B: FAMILY INFORMATION & FINANCIAL STATEMENT**

Father's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Dependent Brothers/Sisters in the Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are Any of These Persons Attending College? \_\_\_\_\_\_ How Many? \_\_\_\_\_\_\_\_

Parent's Current Marital Status:

Married \_\_\_\_\_\_\_ Separated \_\_\_\_\_\_ Divorced \_\_\_\_\_\_\_ Widowed\_\_\_\_\_\_

If Parents Are Divorced, Are Both Contributing to Your Financial Support? \_\_\_\_\_\_\_\_\_\_\_\_

**FINANCIAL STATEMENT**

Approximate Family Income (gross) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you will be receiving any type of financial assistance, please list source(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I assume complete responsibility for the completeness and accuracy of this application and the information supplied herein. I agree to accept the decision of the Scholarship Committee of The Rochester Twenty Pearls Foundation, Inc.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Signature of Parent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date

**SECTION C: COLLEGE – UNIVERSITY INFORMATION**

STUDENT FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT IS APPLYING FOR: **CATEGORY I \_\_\_\_\_\_ CATEGORY II\_\_\_\_\_\_**

 Please list the all Colleges and Universities to which you have applied.

College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide a status on the progress of your college application.**

State the name of the college that you been accepted, awaiting acceptance or planning to attend.

|  |  |  |
| --- | --- | --- |
| **Already accepted** | **Awaiting acceptance**  | **Planning to attend** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Attach a copy of the correspondence from the college showing that you have been **accepted or are being considered for admission** to an accredited college for the coming year. (Only include those colleges you are seriously considering.) The scholarship will not be awarded until **proof of registration is provided from the college.**

**DEADLINE: The application and ALL related materials should be postmarked no later than March 1st**

**SECTION D: HIGH SCHOOL ACADEMIC INFORMATION**

(\*To be completed by High School Guidance Counselor)

STUDENT FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Attended\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Graduation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Cumulative Grade Point: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Rank in Graduating Class\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*(Enclose transcript)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Counselor's Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor's Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor’s Telephone Number

**Counselor**

\*Please attach an **official copy** of student’s **high school transcript** and **current report** card. Please include an explanation of the transcript and grade computation.

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APPLICATION PACKET SUBMISSION REQUIREMENTS:

Your application is considered complete and will be reviewed by our Scholarship Committee if the following documents are enclosed in your packet:

*Check List*

Completed Sections **(required from Student, Parent/Guardian)**

* Section A Student Resume
* Section B Family Information and Financial Statement
* Section C College/University Information

Completed Sections **(required from High School Guidance Counselor)**

* Section D High School Academic information
* An **official copy** of student’s **high school transcript** & **current report** card.
* **Two (2) letters** of recommendation from a counselor, principal, or teacher. Letters must include specific information related to **character, scholastic performance, leadership, and initiative.**  Letters of recommendation are to be included with the application packet and must be presented sealed in a separate envelope displaying the students name on the outside.

Please closely review and double check all sections. Omissions of information will not rule in your favor and may disqualify your application.

 The completed application of material should be compiled and mailed by the student to:

 **Urban League of Rochester, N.Y. Inc.**

 Black Scholars Program, Attn: Mr. Timothy Johnson

 The Rochester Twenty Pearls Foundation Scholarship Program

 265 N. Clinton Ave.

 Rochester, N.Y. 14605

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