Alpha Kappa Alpha Sorority, Incorporated ®

Pi Phi Omega Chapter

Northeast Queens, New York

Dear College Freshman:

Alpha Kappa Alpha Sorority, Incorporated ®, Pi Phi Omega Chapter is happy to present

scholarship opportunities for college freshmen. Enclosed are the descriptions of three (3)

scholarships that the sorority awards. Please review the criteria for each scholarship and apply

for those in which you meet the criteria.

All applications must be typed and emailed by the deadline Sunday, November 24th.

Applications sent after the deadline will not be reviewed.

All awards will be announced directly to the recipients and may be posted on the Pi Phi Omega

Chapter social media accounts.

Completed applications are to be emailed to piphiomega1987@gmail.com with the subject

line "Your Name- Scholarship Application 2024". If you have any questions or require

additional information, please reach out to us via email.

Sincerely,

Lanisa Harvey

Lanisa Harvey, Chairman

Pi Phi Omega Chapter Scholarship Committee

Northeast Queens, New York

#### **SCHOLARSHIPS**

Alpha Kappa Alpha Sorority, Incorporated®, Pi Phi Omega Chapter, will award three (3) **SCHOLARSHIPS** in the amount of \$500 each, based on the following criteria:

- 1. <u>Brenetta D. Denton Visionary Award</u> primarily based on high academic achievement and leadership qualities.
- 2. <u>HBCU Scholar Award</u> is presented to a student attending an HBCU.
- 3. **Pi Phi Omega Impact Scholarship** primarily based on financial need and academic achievement.

DEADLINE FOR APPLICATIONS - SUNDAY, NOVEMBER 24, 2024
ANNOUNCEMENT OF SCHOLARSHIP RECIPIENTS - MONDAY, DECEMBER 16, 2024

Note: This scholarship is open to College Freshmen ONLY

**Northeast Queens, New York** 

#### **2024 APPLICATION CHECKLIST**

 Completed Application
 Transcript
 Letters of Recommendation (2)
 Essay stating your reasons for going to college and goals post graduation
 Proof of financial aid (Impact Award Only)
Evidence of Community Service/ Leadership

Northeast Queens, New York

#### **APPLICATION**

#### BRENETTA D. DENTON VISIONARY AWARD

1.	Name:
2.	Address:
3.	Telephone:
4.	College or University Name:
5.	Please attach proof of college attendance.
6.	List current school activities you're involved in.

- 7. Attach at least two (2) letters of recommendation
- 8. State your reasons for going to college and goals post graduation (at least 500 words)
- 9. Community Service/ Leadership Positions (fill out the form at the end of this application)

Northeast Queens, New York

#### **APPLICATION**

#### **HBCU SCHOLAR AWARD**

1.	Name:
2.	Address:
3.	Telephone:
4.	College or University Name:
5.	Please attach proof of college attendance.
6.	List current school activities you're involved in.

- 7. Attach at least two (2) letters of recommendation
- 8. State your reasons for attending an HBCU and goals post graduation.
- 9. Community Service / Leadership Positions (fill out the form at the end of this application)

Northeast Queens, New York

#### **APPLICATION**

#### PI PHI OMEGA IMPACT AWARD

1.	Name:	
2.	Address:	-
3.	Telephone:	
4.	College or University Name:	
5.	Please attach proof of college attendance.	
6.	List current school activities that you are involved in:	
7.	Attach at least two (2) letters of recommendation.	

- 8. Please provide proof of financial need.
- 9. State how this scholarship will help you reach your goals.
- 10. Community Service / Leadership Positions (fill out the form at the end of this application)

### Northeast Queens, New York COMMUNITY SERVICE/ LEADERSHIP EXPERIENCE FORM

Community Service/ Leadership E	xperience	Start Date	End Date
Number of Hours Completed			
Please describe your role in the con	nmunity service J	project or leadership experience:	
How did this service or experience	impact the comm	nunity that you served?	
How did participating in the service	e or your leaders	hip affect you?	
What were the goals of the service	or leadership exp	perience and did you reach that goal	?
By signing this form, I have certified	ed that all of the i	nformation provided is accurate.	
Applicant Signature		Da	te
Supervisor/ Advisor of Program m	ust complete the	following:	
Name	Signature	Title	Date
Email Address	Wor	k Phone	