



**AKArama Foundation, Inc.**

**ALPHA KAPPA ALPHA SORORITY, INC. ®  
THETA OMEGA CHAPTER**

**Dorothy Daylie Houston  
Scholarship Application**

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**ALL APPLICATIONS MUST BE SUBMITTED BY U.S. MAIL  
Postmarked on or before  
February 22, 2017**

**MAIL COMPLETED APPLICATION TO:**

**Ms. La Shawn R. Stanton, Scholarship Chairman  
AKArama Foundation, Inc., Community Service Center  
6220 South Ingleside  
Chicago, IL 60637  
773-363-6220**

**QUESTIONS: Contact Ms. La Shawn R. Stanton**

**[akamascholarship1617@gmail.com](mailto:akamascholarship1617@gmail.com)**

**Bertina M. Power-Stewart, President**

The AKArama Foundation, Inc., of Alpha Kappa Alpha Sorority, Inc., Theta Omega Chapter, will award the Dorothy Daylie Houston Scholarship to an African American female graduate of a Community College in the Chicago city limits. The recipient must be transferring to a four-year college, university or alternative program as a full-time student in the Fall of year 2017. The scholarship will be awarded in June of 2017.

## Eligibility Requirements

To be considered for the Dorothy Daylie Houston Scholarship, a student must meet the following criteria:

1. **Attend one of the Community Colleges in the County of Cook**
2. **Graduating by June 2017**
2. **Minimum cumulative grade point average of “2.5”**
3. **Acceptance at a four-year college, university or alternative program as a full-time student**
4. **Demonstrate financial need**

**The recipient is expected to attend some events sponsored by the AKArama Foundation Incorporated.**

## Selection Criteria

Students will be selected for the scholarship based on:

1. The content of the application form
2. The essay
3. Two letters of recommendation
4. Verification of acceptance at a four-year college or alternative program as a full-time student
5. The results of an interview with the AKArama Scholarship Committee
6. Semi-finalists will be notified by mail of the interview date and time

## Application Instructions

A complete application packet must contain **all** of the following:

1. Completed application form
2. Two letters of recommendation from teachers or counselors
3. Official City Colleges of Chicago transcript
4. Proof of acceptance at a four-year college, university or alternative program
5. A typed and double spaced **one page essay which tells goals and future plans and, how you would benefit from this scholarship** (Use Arial font size 12)
6. A current photograph (head shot is preferred), please include your name printed on the back

Mail the completed application packet to:

Ms. La Shawn R. Stanton, Scholarship Chairman  
AKArama Foundation, Inc.  
6220 South Ingleside  
Chicago, IL 60637

**AKArama Foundation, Inc. Scholarship  
Dorothy Daylie Houston Scholarship Application**

Instructions: Please print in ink or type all information. Use additional sheets if necessary.

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Email \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Ages of Dependents: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone \_\_\_\_\_

Annual Income: \$ \_\_\_\_\_

School Attending: \_\_\_\_\_

Cumulative Grade Point Average: \_\_\_\_\_

**Official transcript is required.**

Colleges, universities or alternative program to which you have been accepted:

1. \_\_\_\_\_

2. \_\_\_\_\_

**Personal References:**

Include two letters of recommendation from faculty members. These letters should be from persons who can attest to your character, performance and achievements.

**Financial Information:**

Information to complete this section may be obtained from the school to which you are applying or currently attending.

**Available Funds:**

Personal Earnings/ Income (W-2 & Income Tax forms) \_\_\_\_\_

Grants/ Financial aid (Federal and State) \_\_\_\_\_

Loans \_\_\_\_\_

Spouse Contributions \_\_\_\_\_

Other (explain) \_\_\_\_\_

**Total Available Funds**

Anticipated Expenses

Tuition, fees, books, supplies

Room and Board

Personal

Other (explain) \_\_\_\_\_

**Total Anticipated Expenses**

**Total Financial Need**

(Total available funds minus total anticipated expenses equal total financial need)

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**Scholarship Agreement**

I certify that the information I have provided on this form is complete and accurate. I authorize the AKArama Foundation Inc. to use the information supplied here solely to assess my eligibility for a scholarship.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit your completed application postmarked no  
later than February 22, 2017. All applications  
must be submitted by U.S. Mail.**