



Alpha Kappa Alpha Sorority, Incorporated®

Sigma Sigma Omega Chapter

THE CHERYL MAYNARD FOWLER MEMORIAL SCHOLARSHIP

GENERAL INFORMATION

The Sigma Sigma Omega Chapter of Alpha Kappa Alpha Sorority, Inc. is proud to present our **Cheryl Maynard Fowler Memorial Scholarship**, which will be awarded to four graduating high school seniors in the Oklahoma City metropolitan area including Canadian, Cleveland, Grady, Lincoln, Logan, McClain, and Oklahoma counties in the amount of \$500 who have a current cumulative grade point average of 2.5 and have been accepted to an accredited college or university. This scholarship is open to African American High School seniors or High School seniors of color.

The late Cheryl Maynard Fowler dedicated over 30 years of service to Alpha Kappa Alpha Sorority Inc. She was a charter member of the Sigma Sigma Omega Chapter, which she served faithfully until her untimely passing. Cheryl valued education and empowered youth by teaching in the Oklahoma City Public School System as a Learning Disability specialist. Equipped with the belief that everyone can succeed with commitment, proper instruction, and a little love, she inspired countless students to attend college and achieve academic success.

SELECTION INFORMATION

Criteria: Academics, Leadership, School/Community Service

Deadline for Application: **Applications must be submitted by April 15, 2019. NO EXCEPTIONS**

Completed applications and correspondence should be mailed or emailed to:

Alpha Kappa Alpha Sorority, Inc.

Sigma Sigma Omega Chapter

ATTN: Scholarship Committee

P.O. Box 13354

Oklahoma City, Oklahoma 73113

Email: info@sigmasigmaomega.org

PERSONAL INFORMATION

(Confidential)

Applicant's Name: _____
(First) (Middle) (Last)

Home Address: _____
(Street Address) (City/State) (Zip)

Home Phone Number (____) _____

Email: _____

HIGH SCHOOL INFORMATION

High School _____

Current cumulative G.P.A. _____

Current rank in class: _____ out of _____

Signature _____ Date _____

School Official (Principal, Assistant Principal, or Counselor)

COLLEGE/UNIVERSITY INFORMATION

What college or university will you attend? _____

Intended major or field of study? _____

EXTRA-CURRICULAR ACTIVITIES

List extra-curricular activities such as athletics, clubs or organizations, church groups, or community organizations, any office(s) you hold or have held within the organization. No abbreviations, please. For additional information, one 8 ½ x 11 sheet may be added.

Organization	Office(s) Held	Dates Held
_____	_____	_____
_____	_____	_____
_____	_____	_____

HONORS AND ACHIEVEMENTS

Please list any high school honors and/or achievements you have received. Please include the year you received the honor(s) and/or achievements. For additional information, one 8 ½ x 11 sheet may be added.

WRITTEN COMPOSITION

Please prepare a typed composition (minimum of 500 words in length), 12pt. font, double-space, Times New Roman, addressing: What are your career plans after college? What impact do you plan to have on your community to make a positive change?

ENROLLMENT CONFIRMATION

Please attach a letter from your current counselor on school letterhead confirming your graduation status and current G.P.A. or a certified copy of your high school transcript.

FINAL REVIEW

Please review this application before submitting. Attached is a checklist to ensure that you have all required materials. The application must be completed and submitted in its entirety or it will not be considered.

Finally, read the applicant statement below. Your signature and the signature of your parent or legal guardian is required in the spaces below. Thank you for your interest in applying for the Cheryl Maynard Fowler Memorial Scholarship. GOOD LUCK!!!

Note: The award will be contingent on the recipient providing verification of acceptance to a college or university. If you are chosen as a winner you will be asked to submit a self-portrait. This portrait may be used for our chapter's program materials.

Questions or concerns please feel free to email: info@sigmasigmaomega.org

APPLICANT'S STATEMENT

As indicated by my signature below, I hereby certify this application is complete and the information correct. I understand any false information or a significant omission of facts may disqualify me from further consideration. I also understand all materials submitted in and with this application shall remain in the possession of the Sigma Sigma Omega Chapter of Alpha Kappa Alpha Sorority, Inc. and will not be returned.

Signature _____ Date _____
Applicant

Signature _____ Date _____
Parent or Legal Guardian

SCHOLARSHIP PREPARATION CHECKLIST

Please make sure you have the following information enclosed before mailing:

- ❑ **An application** with the following information completed:
 - Personal information (Name, address and phone number)
 - High School
 - G.P.A and class rank
 - College/University attending with major/field of study
 - Signatures of you, your parent/guardian, and school official

- ❑ **Attached** additional sheets, if needed, for activities, honors and/or achievements

- ❑ **Attached** written composition (minimum of 500)

- ❑ **Attached** letter on school letterhead from your current counselor verifying your graduation status and current G.P.A or a certified copy of your high school transcript

- ❑ **Envelope** addressed to:
Alpha Kappa Alpha Sorority, Inc.
Sigma Sigma Omega Chapter
ATTN: Scholarship Committee
P.O. Box 13354
Oklahoma City, Oklahoma 73113
Email: info@sigmasigmaomega.org

- ❑ **Mail or email** this entry on or before the deadline of **April 15, 2019. Please only submit once with all the required components. Multiple submissions will not be considered.**

- ❑ **If you are chosen as the award recipient there will be required reception on Saturday, June 8, 2019 at 12:30 p.m.**

**TIMELY SUBMISSION IS A MUST! NO EXCEPTIONS!
GOOD LUCK!**