

# 2024 Jeanetta A. Gill Scholarship Application



**Gamma Zeta Omega Chapter of Alpha Kappa Alpha Sorority, Inc. ®** annually awards a four-year scholarship to a female of African American descent, who is expected to graduate from a high school in Miami-Dade County with plans to attend a Historically Black College/University (HBCU)

Young ladies in the graduating senior class who excel in **scholarship, leadership, and service**, and who possess **good character with high ideals are urged to apply. Additionally, attendance at a HBCU) is mandatory with a cumulative GPA of 2.5 or greater. The recipient forfeits the scholarship if she does not attend an HBCU.**

The scholarship will provide a yearly stipend of \$ 3,750.00 for no more than four years with the check made payable to the recipient. Based upon the submission of a completed application by the stated deadline, applicants will be evaluated, and finalists will be interviewed.

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### Submissions must include each of the following:

- \_\_\_\_\_ A one-page type written (double-spaced) essay addressing how your community service has impacted both you and your community.
- \_\_\_\_\_ A one-page type written biographical sketch (double-spaced) that highlights information about you, and your career/professional goals as a means of affording the sorority an opportunity to learn more about you.
- \_\_\_\_\_ Submit **two (2) letters** of recommendation from either of the individuals (family members may not make recommendations) listed **on letterhead**:
  - a teacher
  - a community leader or clergy person
  - a counselor or an administrator
- \_\_\_\_\_ Submit a letter verifying community service (from the individual responsible for supervising your service). The letter should include the type of community service performed, number of hours earned, and the impact of your volunteer work on the agency/organization and community.
- \_\_\_\_\_ Submit an official high school transcript (sealed from the Registrar's office) with SAT or ACT test scores. Please include grades from the first semester of the current academic year.
- \_\_\_\_\_ Submit a clear, **graduation photograph (HEADSHOT ONLY)** of yourself with your full name printed on the back, no mechanical reproductions. Please send only photographs that portray you in a professional manner. Avoid poses featuring busy backgrounds or with hands or objects near the face. This picture will not be returned.

**ALL INFORMATION REQUESTED MUST BE POSTMARKED BY APRIL 1, 2024, AND ADDRESSED TO:**

**Email  
address:**

akagzoscholarships@gmail.com

**Mailing address:**

ALPHA KAPPA ALPHA SORORITY, INC.  
GAMMA ZETA OMEGA CHAPTER  
c/o Scholarship Committee  
P.O. BOX 173821  
Hialeah, Florida 33017

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Name: \_\_\_\_\_ Recipient's Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Recipient's Email Address: \_\_\_\_\_

High School: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Phone Number: \_\_\_\_\_

Parent/Guardian's Email Address: \_\_\_\_\_

Colleges/Universities applied to:

Name of College/University

Accepted

\_\_\_\_\_

Yes

No

\_\_\_\_\_

Yes

No

\_\_\_\_\_

Yes

No

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Which college/ university is your first choice? \_\_\_\_\_

Intended Major: \_\_\_\_\_

EXTRA-CURRICULAR ORGANIZATIONS (please list)

ORGANIZATION	OFFICES HELD (if any)	YEAR(S) OF SERVICE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHURCH/COMMUNITY ACTIVITIES (please list)

ORGANIZATION	OFFICES HELD (if any)	YEAR(S) OF SERVICE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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HONORS/ AWARDS (please list)

DESCRIPTION AND DATES	GIVEN BY	FOR
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PARENT/GUARDIAN:**

I have read the application and declare that the information provided is accurate and complete to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## JEANETTA A. GILL SCHOLARSHIP AGREEMENT

Alpha Kappa Alpha Sorority, Inc., Gamma Zeta Omega Chapter

1. The scholarship recipient must attend a historically black college or university (HBCU) in order to receive this scholarship. The scholarship recipient forfeits the scholarship if she does not attend an HBCU. In this event, the scholarship committee reserves the right to award the scholarship to another applicant.
2. The scholarship recipient must **maintain a grade point average of 2.5 or greater.**
3. The duration of the scholarship will be a maximum of **four (4) years** OR upon receipt of the bachelor's degree, whichever comes first.
4. The scholarship recipient must be a **full-time student** throughout the duration of their undergraduate career in order to maintain the scholarship.
5. The scholarship recipient must provide proof of official enrollment by **September 30<sup>th</sup> of each of the four years.** The scholarship will be awarded only after proof of official enrollment (after official university drop/add deadline) is received.
6. The scholarship recipient must supply the chapter with **an official transcript at the end of each academic year.**
7. **Scholarship funds will be made payable directly to the recipient.** Funds will be forwarded no later than the postmark date of December 31<sup>st</sup> of each year.
8. Daughters of Alpha Kappa Alpha Sorority, Incorporated® members are not eligible to receive the scholarship.
9. Notification must be given to the Scholarship Committee by the recipient within ten (10) days for the following circumstances:
  - Any change in the initial application criteria
  - Break in attendance (out for a semester)
  - **Change from a Historically Black College/University during the four years.**
10. I understand that a photograph or video of my likeness may be used at the discretion of Alpha Kappa Alpha Sorority, Incorporated Gamma Zeta Omega Chapter and I give my consent for use of such images in print or electronic media.

**WE AGREE TO THE ABOVE CONDITIONS AS STATED IN THIS AGREEMENT**

**(Please sign and date on the respective line)**

Recipient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_