



SCHOOL CERTIFICATION FORM

This form must be completed by the school administrator or counselor. Please provide the data requested below, along with an official sealed transcript.

Name of Student _____

Name of High School _____

Test Scores:

SAT Test Date _____ SAT Scores: Verbal _____ Math _____ Writing _____

ACT Test Date _____ Composite Score: _____

Is student a high school senior? Yes No

Anticipated Graduation Date _____

Rank in class _____ Size of Class _____ Grade Point Average _____

School Representative (please print) _____

Title _____ Date _____

Signature _____

THIS FORM MUST BE RECEIVED BY THE SCHOLARSHIP APPLICATION DEADLINE: APRIL 28, 2017

Please mail this form and official sealed transcripts to:

**Alpha Kappa Alpha Sorority, Incorporated
Mu Lambda Omega Chapter
10736 Jefferson Blvd, #504
Culver City, CA 90230
Attention: Scholarship Chairman**

Questions: please contact scholarship@akamlo.org