



The Ivy Centennial Foundation, Incorporated

In Collaboration With

Alpha Kappa Alpha Sorority, Incorporated

Mu Lambda Omega Chapter

Culver City, California

2023 Scholarship Application





Alpha Kappa Alpha Sorority, Incorporated was founded January 15, 1908 on the campus of Howard University in Washington, D.C. and was the *first* Greek lettered organization established by African American women. Alpha Kappa Alpha's mission is to:

- Cultivate and encourage high scholastic and ethical standards
- To promote unity and friendship among college women
- To study and help alleviate problems concerning girls and women in order to improve their social stature
- To maintain a progressive interest in college life, and
- To be of "Service to All Mankind"

With a membership of over 355,000 college-trained women, the sorority has flourished since 1908 and has impacted the world through commitment and dedication to our community.

The Mu Lambda Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated was chartered June 25, 1978. Our chapter is a premiere arm of the larger organization that is an important presence in our community of Culver City/West Los Angeles California. We are dedicated to promoting the international goals of Alpha Kappa Alpha Sorority, Incorporated by providing community programs, scholarships, family empowerment, social action and environmental enrichment services. Together, We Uplift, We Engage and We Empower our community.

The Ivy Centennial Foundation, Inc. ("ICF") was established in 2015 as a charitable foundation by Mu Lambda Omega Chapter. ICF, in collaboration with Mu Lambda Omega Chapter, will award scholarships ranging from \$1,000 to \$5,000 per recipient to eligible high school students to provide financial assistance in obtaining a college degree. The award will be provided upon receipt of evidence of enrollment in an accredited college or university.

Scholarship Eligibility

All eligible applicants must:

- 1. Be a United States citizen.
- 2. Be a graduating high school senior (Class of 2023) attending a high school in Los Angeles County.
- 3. Have demonstrated community service involvement within the four years in high school.
- **4.** Have demonstrated leadership skills as evidenced by participation in extracurricular activities during high school.
- Submit complete application and all items listed on page 2 by <u>April 30, 2023</u>. (Late or incomplete applications <u>will not be accepted</u>.)
- 6. Must be available to attend a virtual interview during the spring of 2023 (semi-finalists only).





APPLICATION PROCESS

- 1. **COMPLETE ALL PAGES OF THE APPLICATION** Application must be **typed** (using a 12-point font and either Times New Roman or Arial font type) with your name on the bottom of each page.
- 2. ESSAY Choose <u>one</u> of the following topics (must be at least 500 words, typed and double spaced, using a 12-point font and either Times New Roman or Arial font type). <u>Please note your selection at the top of your statement by indicating "A" or "B":</u>
 - a. Describe a situation where you faced an obstacle or adversity and how you overcame it.
 - **b.** Consider something you are very passionate about. Please explain why this is important to you, and what impact you want to make in this area.
- 3. TWO LETTERS OF RECOMMENDATION, AND THE COMMUNITY SERVICE CERTIFICATION FORM (REQUIRED) Each candidate must submit a letter of recommendation from **both** of the following categories and the form
 - **a. ACADEMIC** submitted by a teacher, counselor or administrator.
 - **b. PERSONAL** submitted by an individual who can objectively assess your abilities and character (non-family member).
 - c. **COMMUNITY SERVICE FORM** candidate will complete the form to describe community involvement in a particular program and the signature of the community service org representative is required.

So that the committee can evaluate each letter effectively, please identify the category at the top of each recommendation letter.

4. SCHOOL CERTIFICATION FORM AND OFFICIAL TRANSCRIPT - The School Certification Form should be completed by a school administrator and accompanied by an official school transcript. The School Certification Form and official transcript must be sent via U.S. Mail, and <u>RECEIVED BY APRIL 30, 2023</u>. Both documents should be mailed to:

Alpha Kappa Alpha Sorority, Incorporated Mu Lambda Omega Chapter 10736 Jefferson Blvd., #504 Culver City, CA 90230 ATTN: Roberta Butler, Scholarship Chairman

- **5. PERSONAL SIGNATURE FORM -** Please ensure that all parties have signed the applicable documents. Parent signature is required if applicant is under 18 years old on the date of application submission.
- 6. SUBMISSION INSTRUCTIONS The application, essay, and letters of recommendation must be submitted electronically (not sent via US Mail) through the Mu Lambda Omega Chapter website on the Scholarship Page (http://www.akamlo.org/scholarships/) using the 'Applicant Submission Link'.
 - a. Please save all required documents of this scholarship application using the applicant's name in the filename. For example, "MLO-AKA 2023 Scholarship Application Student's Name" for the application, "MLO-AKA 2023 Essay Student's Name" for the essay, and "MLO-AKA 2023 Academic Letter of Recommendation Student's Name", for the letters of recommendation, etc.
 - b. Those writing letters of recommendation can submit them directly using the link above or they can be given to the applicant for submission with the application. The application, essay, and letters of recommendation can be submitted separately, but all documents <u>MUST INCLUDE THE APPLICANT'S NAME.</u>
- 7. FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) Please upload a PDF copy of your completed FAFSA application using the 'Applicant Submission Link'.





Legal Name					
_ast Name	First Name		M	 I	Today's Date
Permanent Home Address					
Street Address	City	State	Zip	— Hom	ne Phone
Alternative Phone	E-mail Address		Gend	der	Date of Birth
Race: Please check (optional,)				
∃African-American	□ White		Pacific Island	der	
∃Asian	□ Latinx	П	Other:		
irst Generation College Stu					
irst Generation College Stu					
irst Generation College Stu		City			iip
Eirst Generation College Sture EDUCATION Current School Name					
EDUCATION Current School Name Street Address	dent: Yes No Name of Principal	City	. Nam	ne of Cou	nselor
EDUCATION Current School Name Street Address School Phone Number Enter the names of colleges/	dent: Yes No Name of Principal Vaniversities to which you be	City nave applied (Nam indicate any	ne of Cou	nselor
EDUCATION Current School Name Street Address School Phone Number Enter the names of colleges/ sheet if necessary):	Mame of Principal	City	. Namindicate any	ne of Cou	nselor
EDUCATION Current School Name ctreet Address chool Phone Number inter the names of colleges/heet if necessary):	dent: Yes No	City	Namindicate any	ne of Couracter accepta	nselor





III. HONORS, AWARDS, AND COMMUNITY PARTICIPATION

List all special recognitions you have received and extracurricular affiliations over the last three years (use additional sheet if necessary):

			F		
Name of Organization	h	Honor/Award		Date Received	
dent/Social Groups					
Name of Organization	Posit	tion Held (if ar	ny)	Date	s of Participation
rk Experience/Internship	os				
rk Experience/Internship Name of Employer	ps Position/Titl	e	Dates Em	ployed	Number of Hours Per Week
		e	Dates Em	ployed	Number of Hours Per Week
rk Experience/Internship Name of Employer		e	Dates Em	iployed	
		e	Dates Em	iployed	
		e	Dates Em	iployed	
Name of Employer	Position/Titl	e	Dates Em	iployed	
	Position/Titl		Dates Em		

Name of Organization	Number of Hours	Supervisor's Name	Supervisor's Number

APPLICANT NAME:	





Parent/Legal Guardian:					
First Name		Last Name			Occupation
Home Address (same as applicant	□)				
Street Address	City		State	Zip	Home Phone
Parent/Legal Guardian:					
First Name		Last Name			Occupation
Home Address (same as applicant	□)				
Street Address	City		 State	Zip	Home Phone
Number of brothers:			Nu	mber of si	sters:

V. STATEMENT OF UNIQUE CIRCUMSTANCES (OPTIONAL)

A statement of unique circumstances allows students to give additional perspective to the review committee when applying for scholarship consideration. Are there personal or family circumstances that you would like to share with the scholarship committee? If so, please indicate here (use additional sheet if necessary):





PERSONAL SIGNATURE FORM

Please review your scholarship application responses and sign your name below. Your signature will confirm the information provided on this application is accurate and true. The signature will also authorize your school/academic institution to release information for consideration of the scholarship.

*Please note: If any information provided on this application is deemed inaccurate or false, the Ivy

Centennial Foundation and Mu Lambda Omega Chapte reserves the right to disqualify your application.	r of Alpha Kappa Alpha Sorority, Incorporated
Applicant Name (please print)	
Applicant Signature	Date
Parent/Legal Guardian Name (please print)	
Parent/Legal Guardian Signature (if student is under 18)	Date

• School Certification Form and official transcripts must be mailed directly to:

Alpha Kappa Alpha Sorority, Incorporated Mu Lambda Omega Chapter 10736 Jefferson Blvd. #504 Culver City, CA 90230 ATTN: Roberta Butler, Scholarship Chairman

(Request this information immediately to ensure timely arrival of information)

- Application must be <u>received</u> electronically by <u>April 30, 2023</u>.
- Late or incomplete applications will not be accepted; no exceptions.
- All scholarship finalists will be required to submit verification of college/university enrollment by way of registration receipt prior to disbursement of scholarship funds.





SCHOOL CERTIFICATION FORM

This form must be completed by a school administrator or counselor. Please provide the information requested below, along with an official transcript, and forward to the US Mailing address indicated at the bottom of this form. (Please forward this information promptly to ensure the student's ability to be considered for a scholarship.)

Student's Name		
Name of High School		
Is student a high school senior?	□ Yes	□ No
Anticipated Graduation Date	, 2023	
Class Rank	Size of Class	Grade Point Average
School Representative (please print)		Title
Signature		Date

This form and official transcripts should be mailed to:

Alpha Kappa Alpha Sorority, Incorporated Mu Lambda Omega Chapter 10736 Jefferson Blvd, #504 Culver City, CA 90230

ATTN: Roberta Butler, Scholarship Chairman

Please direct any questions to the email address below:

mloscholar@yahoo.com





APPLICATION CHECKLIST

(This checklist is for your personal use and does not need to be submitted with your application)

<u>Item</u>	<u>Complete</u>
Application (Submitted electronically - http://www.akamlo.org/scholarships/)	
2. Essay (Submitted electronically - http://www.akamlo.org/scholarships)	
3. Academic Letter of Recommendation (Submitted electronically - http://www.akamlo.org/scholarships)	
4. Personal Letter of Recommendation (Submitted electronically - http://www.akamlo.org/scholarships)	
5. Community Service Form (Submitted electronically - http://www.akamlo.org/scholarships)	
6. School Certification Form (via US Mail, see pg. 2 for address)	
7. Official Transcript (via US Mail, see pg. 2 for address)	
8. Personal Signature Form (Submitted electronically - http://www.akamlo.org/scholarships)	
9. FAFSA Application (Submitted electronically - http://www.akamlo.org/scholarships)	

^{**}ALL ITEMS MUST BE **RECEIVED** (NOT *POSTMARKED* FOR ITEMS 6 & 7) BY **APRIL 30, 2023** **

COMMUNITY SERVICE FORM

Scholarship applicants must submit one Community Service Form for consideration. Please document your involvement with a community service organization within your four years in high school. **Please note that the signature of the Community Service Organization Representative and activity dates are required.**

Location:	Start date (mm/vv):	End date (mm/yy):	
	completed:	End date (finite yy).	
	nity service activity or program:		
r ur pose or commu	mily service activity of program.		
Describe your speci	ific involvement with the activity o	r program:	
How did the activit	y or program positively impact the	community?	
How did your invol	vement with this activity or progr	am impact you?	
Service Org Rep's	name:	Title:	
Email:		Phone:	
Signature:		Date:	