

Dear Applicant,

Thank you for your interest in the **HBCU** academic scholarship awarded by Ivy Tea Rose, Inc. in partnership with Alpha Kappa Alpha Sorority, Incorporated® - Nu Iota Omega Chapter. Attached, please find a scholarship application that should be completed and postmarked by **March 22, 2024.** 

Ivy Tea Rose, Inc. is focused on the academic achievements and community service acts of young people. As such, we are pleased to invite male or female African American high school seniors, who are in good academic and social standing within Orange and Seminole County, to apply for this scholarship.

The scholarship will be disbursed during the 2024-2025 academic year. All applicants will be notified via email regarding the status of your application.

To be eligible for this award, please note the following requirements. All documents must be submitted to be considered for this scholarship.

| STEP #1: Submit one email to    | <ul> <li>Acceptance letter from a Historically Black College or University</li> <li>Completion of a 250-word essay describing your reasons for attending an HBCU and what you will gain from an HBCU experience. (GPA of 3.0 or higher required)</li> </ul> |
|---------------------------------|---|
| Scholarships@akanuiotaomega.org | <ul> <li>Submission of <u>two letters</u> of recommendation</li> </ul>  |
|                                 | 1. one letter of recommendation from a <u>staff member</u> at your <u>high school</u> (i.e. principal, teacher, or  |
|                                 | counselor)  |
|                                 | <ol> <li>one letter of recommendation from a <u>community figure</u>         (i.e. your spiritual leader/minister or community service coordinator)</li> </ol>  |

| STEP #2: Mail one envelope                                       | <ul> <li>One official transcript (sealed and stamped by school<br/>guidance counselor)</li> </ul>                               |  |
|--|---|--|
| containing the following to: P.O. Box 940808, Maitland, FL 32794 | <ul> <li>Submission of standardized test scores SAT or ACT<br/>(include a copy if not listed on official transcript)</li> </ul> |  |

Following submission of these documents, the application process will continue with a formal review of the completed application package. If you have any questions please contact the Scholarship Committee, by email at <a href="mailto:Scholarships@akanuiotaomega.org">Scholarships@akanuiotaomega.org</a>.

Thank you for your interest and good luck!

Ivy Tea Rose Incorporated, Scholarship Committee, Chairperson



## HBCU High School Scholarship

| DATE:          | <del></del>  |              |
|----------------|--|--------------|
|                | PERSONAL INFORMATION   |              |
| FULL NAME:     |  | OB:          |
|                |  | <u> </u>     |
| ADDRESS:       |  |              |
|                | Street Address Apt/Suite   |              |
|                | City, State & Zip Code   |              |
| E-MAIL:        | PHONE:   |              |
|                |  |              |
|                | FAMILY INFORMATION   |              |
| FATHER'S NAME: |  |              |
|                | First, Middle & Last   | <del></del>  |
| E-MAIL:        | PHONE:   |              |
| MOTHER'S NAME: |  |              |
|                | First, Middle & Last   |              |
| E-MAIL:        | PHONE:   |              |
|                | FINANCIAL ASSISTANCE (PLEASE LIST LOANS, SCHOLARSHIPS, GRANTS, ETC | )            |
| F              | INANCIAL ASSISTANCE  | AMOUNT       |
|                |  |              |
|                |  |              |
|                |  | <del> </del> |
|                |  |              |



## **EDUCATION**

|                                  | EDUCATION  |
|----------------------------------|--|
| IIGH SCHOOL NA                   | ME:  |
| DDRESS:                          |  |
| GRADE:                           |  |
|                                  |  |
|                                  | REFERENCES (PLEASE LIST PERSONS WRITING LETTERS OF RECOMMENDATION)   |
| FACULTY MEMBE                    | R NAME:  |
|                                  | First and Last Name  |
| TITLE:                           |  |
| E-MAIL:                          | PHONE:   |
| CORARALINITY RAF                 | NADED NANAE.   |
| COMMUNITY WE                     | MBER NAME:First and Last Name  |
| TITLE:                           |  |
| E-MAIL:                          | PHONE:   |
| List of extracurricuinvolvement: | ular activities that demonstrate leadership and/or community service |
|                                  |  |
|                                  |  |
|                                  |  |
|                                  |  |
|                                  |  |
|                                  |  |