



Alpha Kappa Alpha Sorority, Incorporated  
 Mu Lambda Omega Chapter  
 2018 Scholarship Application



**SCHOOL CERTIFICATION FORM**

This form must be completed by the school administrator or counselor. Please provide the information requested below, along with an official transcript and forward to **the U.S. Mailing address indicated at the bottom of this form.** (Please forward this information promptly to ensure the student’s ability to be considered for scholarship. Kindly model timeliness for our prospective scholarship candidate.)

Full Name of Applicant \_\_\_\_\_

Name of High School \_\_\_\_\_

**Test Scores:**

SAT Test Date \_\_\_\_\_ SAT Reading/Essay \_\_\_\_\_ SAT Math \_\_\_\_\_

ACT Test Date \_\_\_\_\_ Composite Score: \_\_\_\_\_

Is student a high school senior?  Yes  No

Anticipated Graduation Date \_\_\_\_\_, 2018

Class Rank \_\_\_\_\_ Size of Class \_\_\_\_\_ Grade Point Average \_\_\_\_\_

School Representative (please print) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form and official transcripts should be sent to:**

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

Questions: please contact [scholarship@akamlo.org](mailto:scholarship@akamlo.org)