## Alpha Kappa Alpha Sorority, Incorporated® Delta Rho Omega Chapter J. Marjory Jackson Performing Arts Scholarship Application

Nan	ne		
Stree	et Address	(last)	
		tate: Zip:	
-		Email:	
Date	e of Birth	( )Male ( )Female	
Pare	nt/Guardian Full Name		
Pare	nt/Guardian Phone # and Email Address	5	
Grad	duating Class of (	)High School Senior ( )College Freshman	
( )M	Iember of Alpha Kappa Alpha Sororit	ry, Incorporated College year	
Scho	ool Name		
Add	lress		
Indi	cate field of study		
	(major)	(minor)	
WOI	rd ( )Music (please specify your instru (Applicant's must b	ring an accompanist if applicable)	
Applicant's Signature		Date	
Plea □	· · · · · · · · · · · · · · · · · · ·	<b>submission:</b> One from an individual in your performing arts lege faculty member with official letterhead in a second content of the	
	An autobiography describing the influence that performing arts education has made in your life including your decision to study the applied field and your career goals. Maximum, 200 words typed.		
	A copy of an official school transc	ript	
	Headshot and resume		
	The documents can be hand delivered by 5pm or sent through postal mail only. If you want to hand deliver your application, please email <a href="mailto:drojmjscholarships@gmail.c">drojmjscholarships@gmail.c</a>		
	to set up a date and time.	ppication, picase eman <u>arojinjoenotarsinpstogn</u>	1411.0011
*Ele	•	tes in length – sent to drojmjscholarships@gma	il.com
Tho	se pre-screened auditions that are acco	epted will be invited to compete at the auditions.	
Subi	missions and questions should be sent	to drojmjscholarships@gmail.com	

PLEASE RETURN THE COMPLETED APPLICATION TO YOUR SPONSORING CHAPTER BY:

**December 13, 2019 by 5pm** to the following address:

Celeste' Lewis Delta Rho Omega Chapter

J. Marjory Jackson Committee Chair

510 Monroe Street, Brooklyn, NY 11221

\*\*LATE AND/OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!