

Alpha Kappa Alpha Sorority, Incorporated®
Xi Upsilon Omega Chapter
Fredericksburg, Virginia

Maude B. Murchison Scholarship
Maxine Newell Scholarship
Pearl Smith and Gladys West HBCU Scholarship
Application Due March 20, 2025

Name and location of high school _____ Date _____

Name _____ Phone _____

Email _____

Address _____

Parents(s), Stepparent(s) or Guardians _____

Father, stepfather, guardian's
occupation _____

Mother, stepmother, guardian's
occupation _____

Employer _____

Employer _____

Phone H _____ W _____

Phone H _____ W _____

Work address _____

Work address _____

Family members (living in the home under the age of 18) Brothers (ages) _____ Sisters (ages) _____

Number of siblings ages 18-22 attending college this fall _____

Total gross family income: _____ Below \$25,000 _____ \$25,000 - \$35,000 _____ \$36,000 - \$45,000 _____ \$46,000 - \$55,000
_____ \$56,000 - \$65,000 _____ \$66,000 - \$75,000 _____ \$76,000 - \$85,000 _____ \$86,000 - \$95,000 _____ Above \$95,000

*Name of college/university you plan to attend this fall _____

Please note: Scholarship recipients are selected based on this application and an interview. If you are selected as a scholarship recipient and your college choice changes after you are selected, it could affect your eligibility for the scholarship.

Address or location of college/university _____

Major _____ Minor _____

PROFILE OF APPLICANT
(Use separate sheet if necessary)

State educational and career goals:

List high school scholastic, extracurricular, and leadership activities and achievements:

List community service and leadership activities: (You may use church and other organizations)

Explain your financial need:

Please enclose a copy of an official transcript and two or more letters of recommendation.

Statement for Scholarships

I certify that the information given in this application is correct to the best of my knowledge.

Application Due March 20, 2025

Signature of Applicant

Date

Signature of Parent or Guardian

Date