



**Alpha Kappa Alpha Sorority,  
Incorporated®**

**Theta Beta Omega Chapter  
Community & Academic Scholarship  
2026**

## **Alpha Kappa Alpha Sorority, Incorporated® History**

Alpha Kappa Alpha Sorority, Incorporated® was formally organized on the campus of Howard University in Washington, DC in 1908 and is the oldest Greek-lettered organization established in America by women of color. The five basic tenets of Alpha Kappa Alpha Sorority, Incorporated® are 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.” Alpha Kappa Alpha Sorority, Incorporated® is a globally impactful organization with over 300,000 members committed to enriching minds and encouraging life-long learning; providing aid for the poor, the sick and underserved; initiating social action to advance human and civil rights; working collaboratively with other groups to maximize outreach on progressive endeavors; and continually producing leaders to ensure the relevance of the organization into perpetuity.

## **Theta Beta Omega Chapter History**

Located in New Bern, NC, Theta Beta Omega Chapter was the 198<sup>th</sup> graduate chapter established by Alpha Kappa Alpha Sorority, Incorporated® in 1964. The chapter consisted of twenty ladies from New Bern, Robersonville-Williamston, and Beaufort with the heart and desire to embark on a program of service and involvement for their community. The chapter is involved in many programs to include scholarship, education, health, voter registration, and early cancer detection and prevention. The chapter is composed of women from diverse walks of life who are meeting the challenges of education, business, health, the arts, government and volunteerism. Alpha Kappa Alpha Sorority, Incorporated®, Theta Beta Omega Chapter takes pride in its records but looks forward to “greater laurels to win, greater tasks to begin” in its “Service to All Mankind.”

## **Purpose of Scholarship**

This scholarship is designed to assist in the financial resources of college-bound students to further their academic pursuits. This scholarship is awarded based on various criteria and reflects the values, mission, and purpose of Alpha Kappa Alpha Sorority, Incorporated®.

## **Awards**

Awards are for one year only. All scholarship awards will be paid directly to the recipients upon receipt of required documents (proof of acceptance and enrollment in a college, university or community college as well as required IRS/W 9 documentation).

## **Eligibility**

Scholarships are limited to area high school seniors in Craven, Jones and Pamlico counties. This is inclusive of public, private, and charter schools in these counties.

- Applicant **must** demonstrate determination and success in the classroom via academics and attendance:
  - ✓ 3.0 **unweighted** GPA (minimum)
  - ✓ 90% attendance rate
- Applicant **must** submit an official transcript (**signed** by appointed school official) in a **sealed envelope**.
- Applicant **must** demonstrate involvement within school and community.
- Applicant **must** show proof of acceptance to a college, university or community college.
- Applicant **must** show proof of enrollment before issuance of award.
- Three (**3**) letters of recommendation:
  - ✓ One (1) from a teacher, guidance counselor or school administrator;
  - ✓ One (1) from an individual with knowledge of documented community service;
  - ✓ One (1) personal or business
- Applicants **must** submit a color photo, not smaller than 3x5; not larger than 5x7 size; business casual (can be graduation photo) with no filters.
- Applicants **must** complete and return ALL required elements of the application packet by the deadline to be considered. **NO late applications will be accepted or considered**
- No applicant shall be denied being a recipient of the Theta Beta Omega Chapter scholarship based on race, gender, creed, sex, religion, or national origin.

## **Application Procedure**

- ❖ Application packets can be downloaded online at <https://www.thetabetaomegaaka.com>.

**APPLICANT INFORMATION**

Please **type** your answers. If the application is not typed it will not be considered.

Date: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Mailing Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Daytime/Home Telephone Number: \_\_\_\_\_

Cell Telephone Number: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

High School presently attending: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_ (On a 4.0 Scale)

I will be attending the following school in the Fall of 2026

School/University Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

***Proof of enrollment is required prior to receipt of funds***

Other Colleges/Universities being considered:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**FAMILY DATA**

Name & address of parent(s) or legal guardian(s)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell/Home (circle one)

Cell/Home (circle one)

## **FAMILY DATA**

What are your educational and professional goals and objectives?

List your significant honors, awards, and accomplishments you received while in high school (academic/athletic) - Include year of receipt - Freshmen, Sophomore, Junior, Senior:

List your community service activities, clubs, hobbies, outside interests and extracurricular activities while in high school - Indicate if Leadership position held and year(s) of involvement - Freshmen, Sophomore, Junior, Senior:

**EMPLOYMENT INFORMATION**

Are you currently employed? \_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, please provide the following information.

Employer Name \_\_\_\_\_

Position \_\_\_\_\_

# of hours worked per week \_\_\_\_\_

Were you employed during your high school years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide the following information.

Employer Name \_\_\_\_\_

Position \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_

Employer Name \_\_\_\_\_

Position \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_

Employer Name \_\_\_\_\_

Position \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_

## ESSAY

**INSTRUCTIONS:** Please select **ONE (1)** of the following topics to compose and submit. Your essay **must** be typed, double-spaced using 12-point Times New Roman font with 1-inch margins on all sides. State the essay topic at the beginning of your essay. Your essay should be 500-750 words. Please check your essay for accuracy (spelling, grammar, etc.).

**Topic 1:** How have you overcome adversity and what impact did this experience have on the life choices you have made and your plans for the future?

**Topic 2:** How have you made a positive impact in your community and how do you plan to continue to positively influence people?

**Topic 3:** What is/was your most meaningful volunteer experience? Why did you choose this experience? What is/was the most valuable lesson learned from this experience?

**Topic 4:** What is your greatest personal achievement? Why did you choose this achievement? What is the most valuable lesson learned from this achievement?

**APPLICANT STATEMENT OF ACCURACY** (please initial each statement, print and sign)

- I hereby affirm the information provided in my application is, to the best of my knowledge, complete and accurate. \_\_\_\_\_
- I understand that false statements on this application will disqualify me from receiving this scholarship. \_\_\_\_\_
- I understand that if selected as a scholarship recipient, I am required to submit ALL appropriate documents verifying my college/university enrollment before funds are released. \_\_\_\_\_
- I understand by signing this statement, I give permission to Theta Beta Omega Chapter and Alpha Kappa Alpha Sorority, Inc. permission to publicize my scholarship award. \_\_\_\_\_
- I understand that submission of my photo grants Theta Beta Omega Chapter and Alpha Kappa Alpha Sorority, Inc. permission for use in the promotion of the Theta Beta Omega Scholarship program. \_\_\_\_\_
- I agree this application will not be submitted without ALL required attachments and supporting information and understand incomplete applications and those not meeting criteria will not be considered. \_\_\_\_\_

Print scholarship applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of scholarship applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print parent/guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

# Guidance Counselor Form

*This form does not serve as a reference letter*

## To be completed by Applicant:

Name:

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Email:

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Contact Phone #:

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## To be completed by School Counselor:

### *Scholastic Information*

GPA (current, unweighted): \_\_\_\_\_

GPA (current, weighted): \_\_\_\_\_

Rank in Class: \_\_\_\_\_

Number of students in class: \_\_\_\_\_

ACT Score: \_\_\_\_\_ SAT Score: \_\_\_\_\_ Attendance % (current school year) \_\_\_\_\_

National Honor Society:  Yes  No

Printed Name : \_\_\_\_\_

High School: \_\_\_\_\_

### Contact information (Email/Phone Number)

\_\_\_\_\_ (Email)

\_\_\_\_\_ (Phone Number)

Signature of School Counselor

Date

High School Seal/Stamp

## Theta Beta Omega Chapter Scholarship Letter of Recommendation Form-EDUCATION

TO THE APPLICANT (Complete this section – please print; applicant is responsible for collecting this form and letter from the recommender and submitting with application packet).

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email address \_\_\_\_\_

- I. TO THE PERSON WRITING THIS LETTER OF RECOMMENDATION (complete this section and attach with your recommendation letter)
- II. Please write a recommendation letter discussing the qualifications of the applicant and why they should receive the Theta Beta Omega Chapter of Alpha Kappa Alpha Sorority, Inc. scholarship. Please place this form and recommendation letter in a sealed envelope to return to the applicant

\* \* \* \* \*

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Please rate the applicant by placing a mark in the appropriate box:

<i>Characteristic</i>	<i>Outstanding</i>	<i>Significant</i>	<i>Adequate</i>	<i>Insufficient</i>	<i>Not Known</i>
Work Ethic					
Teachable					
Self-initiating					
Maturity					
Integrity/ethics					
Responsibility					
Accountability					
Leadership					
Communication					
Works well with others					

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Theta Beta Omega Chapter Scholarship Letter of Recommendation Form-COMMUNITY**

**TO THE APPLICANT** (Complete this section – please print; applicant is responsible for collecting this form and letter from the recommender and submitting with application packet).

First Name

Last Name

Date of Birth

Telephone Number

Email address

- I. TO THE PERSON WRITING THIS LETTER OF RECOMMENDATION (complete this section and attach with your recommendation letter)
- II. Please write a recommendation letter discussing the qualifications of the applicant and why they should receive the Theta Beta Omega Chapter of Alpha Kappa Alpha Sorority, Inc. scholarship. Please place this form and recommendation letter in a sealed envelope to return to the applicant.

\* \* \* \* \*

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Please rate the applicant by placing a mark in the appropriate box:

<i>Characteristic</i>	<i>Outstanding</i>	<i>Significant</i>	<i>Adequate</i>	<i>Insufficient</i>	<i>Not Known</i>
Work Ethic					
Teachable					
Self-initiating					
Maturity					
Integrity/ethics					
Responsibility					
Accountability					
Leadership					
Communication					
Works well with others					

Signature

Date

**Theta Beta Omega Chapter Scholarship Letter of Recommendation Form-PERSONAL**

**TO THE APPLICANT** (Complete this section – please print; applicant is responsible for collecting this form and letter from the recommender and submitting with application packet).

First Name

Last Name

Date of birth

Telephone Number

Email address

- I. TO THE PERSON WRITING THIS LETTER OF RECOMMENDATION (complete this section and attach with your recommendation letter)
- II. Please write a recommendation letter discussing the qualifications of the applicant and why they should receive the Theta Beta Omega Chapter of Alpha Kappa Alpha Sorority, Inc. scholarship. Please place this form and recommendation letter in a sealed envelope to return to the applicant.

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How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Please rate the applicant by placing a mark in the appropriate box:

<i>Characteristic</i>	<i>Outstanding</i>	<i>Significant</i>	<i>Adequate</i>	<i>Insufficient</i>	<i>Not Known</i>
Work Ethic					
Teachable					
Self-initiating					
Maturity					
Integrity/ethics					
Responsibility					
Accountability					
Leadership					
Communication					
Works well with others					

Signature

Date

## **Checklist**

- Photo (Business casual, 3x5 to 5x7, no filters)
- Application (5 pages)
- Essay (500-750 pages)
- Signed statement of accuracy
- Guidance Counselor Form
- Sealed Transcript
- Sealed Reference Forms and Letter (3)

### **Mail complete application packet to:**

Theta Beta Omega Chapter Scholarship Committee  
Post Office Box 15426  
New Bern, NC 28561

Application **MUST BE RECEIVED** by April 3, 2026