

**BETA LAMBDA OMEGA'S
GRAVES/WRIGHT SCHOLARSHIP**

Box 385; Bluefield, WV 24701

To _____

From: Beta Lambda Omega Chapter of Alpha Kappa Alpha Sorority, Inc.

Re: Graves/Wright Scholarship Application

Date: Friday, February 9, 2018

Beta Lambda Omega Chapter of Alpha Kappa Alpha Sorority, Inc. is looking for a deserving high school senior to receive our **Graves/Wright Scholarship** to be presented at the end of the 2017-2018 school term. Alpha Kappa Alpha is a service oriented organization with a goal of assisting young women in developing learning skills for today's competitive environment. Our scholarship has been named in memory and honor of Sorors Frances Graves and Harriett Wright, two members who advocated for and encouraged young adults to do their best. The \$500 scholarship will be awarded to a deserving high school senior (male or female) who exhibits the following criteria:

1. A grade point average of 2.5 or greater
2. A 2018 graduating senior
3. A letter of recommendation (must be from a nonfamily member)
4. A short essay of 500 words or less that shows your sincerity and potential with emphasis on helping to make the world a better place
5. Has performed community service activities

If you are interested in applying for the Graves/Wright Scholarship, complete and return the attached verified form along with your letter of recommendation and the short essay. If further information is needed, please contact any member of the sorority. **The application must be verified by the guidance counselor. All applications must be postmarked no later than Friday, March 23, 2018 to the address above.**

Thank you in advance for your application. May God bless you!

Sincerely,

The Ladies of Beta Lambda Omega Chapter of Alpha Kappa Sorority, Inc.

**GRAVES/WRIGHT SCHOLARSHIP
APPLICATION**

Date _____

Name _____

Address _____

Telephone(s) _____

Parents _____

Address (if different) _____

Grade Point Average _____

School(s) Attended _____

Extra Curricular Activities _____

Awards _____

Community Service Activities _____

College or University you plan to attend _____

Student's Signature _____ Date _____

Verification _____ Date _____

(School Counselor's Signature)