



**2024-2025**  
**Alpha Kappa Alpha Sorority, Inc.**  
**Nu Gamma Omega Chapter**  
**Velena Smith Johnson Scholarship**  
**SCHOLARSHIP APPLICATION 2024-2025**

You must either type or print all your answers neatly in ink. Application response may be sent via email to Mrs. Renita Sherrard @ [akangovjscholarship@gmail.com](mailto:akangovjscholarship@gmail.com), [akangoantib@gmail.com](mailto:akangoantib@gmail.com) or mailed to Alpha Kappa Alpha Sorority, Incorporated Nu Gamma Omega Chapter; Post Office Box 4726 Baton Rouge, LA 70821. Scholarship application, transcripts and letters of recommendation must be postmarked by 11:59PM 5/15/24 to the above email and or mailing address.

Name \_\_\_\_\_,  
Last First M.I.

Permanent Mailing Address

Number and Street City State Zip Code

Gender  Female  Male (Circle One) Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number \_\_\_\_\_ Ethnicity (circle one)  Native Hawaiian or Other Pacific Islander  Black or African American  Hispanic or Latino  American Indian or Alaskan Native  Asian  Two or more races (all persons who identify with more than one of the above six races) \_\_\_\_\_

Permanent/Home Address Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Temporary/School Address (if different) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Social Media Site Platforms \_\_\_\_\_

Day Telephone (\_\_\_\_) \_\_\_\_\_ Evening Telephone (\_\_\_\_) \_\_\_\_\_

Cell Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Classification for 2024-2025  College Freshman  College Sophomore  College Junior  College Senior  Graduate-level (Circle One) \_\_\_\_\_

Major/Minor/ Academic Program (please list) \_\_\_\_\_

**Alpha Kappa Alpha Sorority, Incorporated**  
**Nu Gamma Omega Chapter Velena Smith Johnson Book Stipend**  
**SCHOLARSHIP APPLICATION 2024-2025**

**FINANCIAL INFORMATION**

Are you receiving other financial aid or support for the upcoming academic year?  Yes  No

Have you applied for the Velena Smith Johnson Book Stipend Scholarship in previous years?

Yes  No

Have you applied for other Scholarships?  Yes  No

Have you applied for Financial Aid?  Yes  No If no, why not?

\_\_\_\_\_

Did you personally file income taxes for the previous tax year?  Yes  No If yes, number of dependents you claimed?

Did your parent or guardian file income taxes for the previous tax year?  Yes  No

Did your parent or guardian claim you as a dependent?  Yes  No

Total number of dependents that your parent or guardian claimed?

Are you currently employed?  Yes  No Full or Part time? \_\_\_\_\_

**EDUCATION PROFILE**

What year did you receive a high school diploma? \_\_\_\_\_

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

High School Name Parish City State \_\_\_\_\_

College GPA through May 2023: Undergraduate GPA..... \_\_\_\_\_ Graduate GPA \_\_\_\_\_

Name of College or University \_\_\_\_\_

Dates Attended \_\_\_\_\_ Degree Sought/Earned \_\_\_\_\_

√ Transcript Sent Yes or No Current Major/Minor Field of Study \_\_\_\_\_

Graduate Degree Next expected \_\_\_\_\_

College/University Name \_\_\_\_\_ Graduation Date \_\_\_\_\_

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**WORK PROFILE**

Are you currently working 20 hours or more per week? Yes/No [Y/N]

Do you plan on working 20 hours or more per week during the 2024-2025 school year? Yes/No [Y/N]

If Employed, where: \_\_\_\_\_

Please Attach Letter of Recommendation & Photo:

Please provide photo, one letter from a school official and/or Alpha Kappa Alpha Sorority, Incorporated Member.

**EXPENSES PROFILE**

PROJECTED ANNUAL SCHOOL EXPENSES FOR 2024-25

PROJECTED SOURCES OF INCOME FOR 2024-25

Tuition \$ \_\_\_\_\_

Parents' Contribution \$ \_\_\_\_\_

Room/Board or Other Housing Expenses \_\_\_\_\_ \$ \_\_\_\_\_

Grants – specify \_\_\_\_\_ \$ \_\_\_\_\_

Other Educational Expenses-specify \_\_\_\_\_ \$ \_\_\_\_\_

Scholarships – specify \_\_\_\_\_ \$ \_\_\_\_\_

Other Expenses-specify \_\_\_\_\_ \$ \_\_\_\_\_

Student Employment Income \_\_\_\_\_ \$ \_\_\_\_\_

Total Projected Expenses \$ \_\_\_\_\_

Total Projected Contribution \$ \_\_\_\_\_

How did you hear about the Velena Smith Johnson Book Stipend Scholarship Program?

Friend  School Fair  Faculty  Website  Parent  Other: please

specify \_\_\_\_\_

Additional Information:

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**ACADEMIC INFORMATION**

Are you currently enrolled or accepted into an academic program at an accredited college or university in the upcoming academic year?  Yes  No

Expected Graduation Date from Program \_\_\_\_/\_\_\_\_/\_\_\_\_

List all high schools, colleges and universities attended, including current: Name of School  
Location Dates Attended Degree Received

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School to which you would apply the Velena Smith Johnson Book Stipend Scholarship

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**COLLEGE/UNIVERSITY COMMUNITY SERVICE ACTIVITIES**

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**COLLEGE/UNIVERSITY EXTRACURRICULAR ACTIVITIES**

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**AGREEMENT & TERMS OF THE VELENA SMITH JOHNSON BOOK STIPEND SCHOLARSHIP**

APPLICANTS I understand that the Scholarship Committee may request additional information, including a personal interview, to make a decision on my application. I agree that if this application is accepted and I receive a scholarship award, I will be bound by the terms and conditions of the award. If I am selected for this scholarship, I agree to provide a copy of my official transcript (grades). I understand that scholarship funds may only be applied to offset financial obligations that I have incurred or reasonably expect to incur for book expenses during the academic year. I further understand that if I receive a scholarship and accept the award, a check for my books will be paid directly to the college or university. I understand that I must submit documentation of book expenses, which, upon approval, will be reimbursed directly to me.

I further understand that I am responsible for any tax liability incurred because of this award. I certify that the statements that I have provided on this application are true and correct and are given for obtaining a Velena Smith Johnson Book Stipend scholarship. I authorize Alpha Kappa Alpha Sorority, Incorporated Nu Gamma Omega Chapter Velena Smith Johnson Local Initiative Committee to verify the statements contained herein and I understand that all personal information contained on this application will be held in confidence by the Scholarship Selection Committee.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT CERTIFICATION**

I certify that all information I have provided on this form is true and complete to the best of my knowledge. I agree to give proof of the information on this application if requested. I give permission to the selection committee to review information on this form, my transcripts, and any additional supporting documentation submitted as part of this application. I give permission for the selection committee to contact high school and/or college officials for additional academic information. If chosen for scholarship book stipend award, I agree to provide proof of GPA to the committee at each semester/quarter break in order for the committee to determine future eligibility. I further agree to submit a written essay to be published on the value of the service or another associated topic relevant to to my academic pursuits.

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

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

**Alpha Kappa Alpha Sorority, Incorporated**  
**Nu Gamma Omega Chapter Post Office Box 4726**  
**Baton Rouge, Louisiana 70821 [www.akanugammaomega.com](http://www.akanugammaomega.com)**  
[www.akangovsjscholarship@gmail.com](mailto:www.akangovsjscholarship@gmail.com) [akangoantib@gmail.com](mailto:akangoantib@gmail.com)