



Alpha Kappa Alpha Sorority, Incorporated
Kappa Omega Omega Chapter

Ruscel Reader, President

P.O. Box 40092 - Bakersfield, California 93389

Non Profit Community Service Organization Tax ID 501 © #36-3201412

COMMUNITY DONOR SCHOLARSHIP FORM

Organization/Company Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Email Address: _____

Contact Person: _____

Award Name: _____

Award Amount: _____

Scholarship Criteria (check as many as needed):

<input type="checkbox"/> Grade Point Average	<input type="checkbox"/> Financial Need
<input type="checkbox"/> Athletic Participation	<input type="checkbox"/> Major Interest
<input type="checkbox"/> School Leadership	<input type="checkbox"/> Discretion of AKA Selection Committee
<input type="checkbox"/> Other (Specify): _____	

Provide specifics as to selected criteria items above: _____

Scholarship Presenter (check one):

AKA Member Other (specify) _____

Provide history or information about award to be stated at the ceremony. (one minute or less):

Return to: Mrs. Caren Floyd

Attn: Graduate Awards Program

8305 Waterfield Drive - Bakersfield, CA 93312

carenfloyd@yahoo.com

Fax: 661.827.8939