



ALPHA KAPPA ALPHA SORORITY, INCORPORATED®

Twenty Pearls of Canton Foundation

Upsilon Upsilon Omega Chapter

Dear Seniors:

The Twenty Pearls of Canton Foundation, in collaboration with the ladies of Alpha Kappa Alpha Sorority, Incorporated®, Upsilon Upsilon Omega Chapter, would like to congratulate you on your upcoming graduation. We know this special day has long been anticipated, and you are eagerly making college plans.

Our foundation has established scholarships for students in the Canton, Madison, and Leake County Mississippi areas to show our support for those pursuing higher education. We will designate scholarships for students enrolling in a Historically Black College or University (HBCU), non-HBCUs, and scholarships for students enrolling in a community college or career technical education program, in addition to book stipends. If you are interested in applying for our scholarships, please request an electronic copy from your Guidance Counselor or any Upsilon Upsilon Omega Chapter member. Completed applications must be emailed to **yyoscholarship@gmail.com** or returned to the following address **postmarked by Friday, March 28, 2025:**

Alpha Kappa Alpha Sorority, Incorporated®
Upsilon Upsilon Omega Chapter
Attn: Sabrina S. Smith, Scholarship Committee Chair
P. O. Box 1466
Canton, MS 39046

Applications will be scored and ranked to determine the winner. Award recipients will be notified on or before Friday, May 2, 2025. Award presentations are tentatively scheduled for Sunday, May 18, 2025. Actual monies will be disbursed upon the sorority's receipt of official college verification of enrollment in the fall of 2025.

Again, congratulations on this milestone in your life.

Sincerely,

Sabrina S. Smith
Scholarship Committee Chair

Chaserie Young
Scholarship Committee Co-Chair

Dr. Georgia Ingram
Foundation President

Tamiaka M. Brent
Chapter President

APPLICATION PACKET REQUIREMENTS

Please complete the following form and attach ALL the following information and documents to your scholarship application form:

- A minimum 250-word and no more than 350-word essay on *"The Importance of a College Education."*
- An official sealed high school transcript with grades through December 2024, and ACT/SAT scores
- A letter of recommendation from a school official
- A letter of recommendation from a community official

DEADLINE:

*The application must be postmarked or emailed by
Friday, March 28, 2025*

All information must be submitted by the deadline. ***FAILURE TO PROVIDE ALL REQUESTED INFORMATION WILL RESULT IN AN INCOMPLETE APPLICATION PACKET AND DISQUALIFICATION FROM FURTHER CONSIDERATION***

ALPHA KAPPA ALPHA SORORITY, INCORPORATED®

*Upsilon Upsilon Omega Chapter
Twenty Pearls of Canton Foundation
P.O. Box 1466 * Canton, MS 39046*

2025 SCHOLARSHIP APPLICATION

The Twenty Pearls of Canton Foundation, Inc. is comprised of the members of Upsilon Upsilon Omega Chapter of Alpha Kappa Alpha Sorority, Inc.® Alpha Kappa Alpha Sorority, Inc.®, founded in 1908, is the oldest black sorority in the U.S.A.

Personal Data

Name _____ Email Address _____

Date of Birth _____ Phone Number () _____

Current Residence _____
Street City Zip

Name(s) of Parent(s) or Guardian _____

Educational Data

Graduation Date: _____ Intended Major: _____

School Presently Attending _____

School Address _____
Street City Zip

Grade Point Average (Grade 9 through First Semester of the Senior Year) _____
Weighted Un-Weighted

SAT Scores _____ Composite ACT Score (not superscore) _____
Critical Reading Math
Date Taken Date Taken Date Taken

College or University Which You Plan to Attend _____

Address _____
Street City/State Zip

Counselor's Name _____ Counselor's Phone # _____

Student Activity Information (Attach additional sheets if necessary)

Directions: Please complete each section. **DO NOT BE MODEST.** The Scholarship Committee will use all information during the selection process.

Extra-Curricular Activity	Description	Leadership Position Held	Length of Service

Community Activities (Attach additional sheets if necessary)

Directions: List community activities in which you have participated (Church groups, volunteer organizations, clubs, community art endeavors, etc.). The activities in which you engage must be completed outside of school.

Community Service Activity	Description	Length of Service

Leadership Experience (Attach additional sheets if necessary)

Leadership Roles/Experiences	Description of Responsibilities	Dates

Recognition & Awards (Attach additional sheets if necessary)

Directions: List any honors and recognition you have received (Grades 9 - 12).

Award/Recognition	Grade(s)

Essay (Double-spaced with a minimum of 250 words and no more than 350 words):

The Importance of a College Education

References

Directions: A completed scholarship application, sealed official academic transcript, **250-word and no more than 350-word essay**, **two** letters of reference, and certification statements are required. One reference must come from a school official, and one must come from a church member, community member, or an employer. **References from relatives will not be considered.** Letters of reference should address the following:

Character
Personality
Motivation
Initiative
Sense of Responsibility
Citizenship/Social Responsibility

Application and requested documents must be received postmarked by Friday, March 28, 2025. The application and all required information must be received in one packet, first-class U.S. mail (please no certified mail or return receipt request). You may also email all information in one email to yyoscholarship@gmail.com. Information received postmarked after Friday, March 28, 2025, will disqualify the applicant.

Direct applications, transcripts, and letters of reference to:

Alpha Kappa Alpha Sorority, Inc.®
Upsilon Upsilon Omega Chapter
Attention: Sabrina S. Smith, Scholarship Committee Chair
P.O. Box 1466
Canton, MS 39046

Statement of Certification

STATEMENT OF CERTIFICATION

Please Note: The application will not be considered complete unless each line is checked and the form is signed and dated.

To indicate you have read and will comply with the scholarship application agreement, please certify this section by placing a checkmark on each line:

_____ I have read the attached Procedures and Guidelines and understand that I must satisfy the required criteria or the application is void.

_____ I certify that the information given is accurate and complete to the best of my knowledge.

_____ If selected as a scholarship recipient, I must submit verification of college enrollment by Friday, September 26, 2025, from the Office of the Registrar to receive my scholarship disbursement.

APPLICANT'S SIGNATURE

DATE

Checklist

_____ Completed application to include the student activity information, community activities, leadership experience, and recognition and awards.

_____ Official Transcript to include ACT composite scores/SAT scores, GPA, and grades through December 2024

_____ Letter of recommendation from community official

_____ Letter of recommendation from a school official

_____ A minimum 250-word and no more than 350-word essay

_____ Statement of Certification

_____ Please include a headshot(photo)