

Name of college/university you plan to attend \_\_\_\_\_

Have you been accepted? \_\_\_\_\_ If not, please explain. \_\_\_\_\_

Have you completed the FAFSA (Free Application for Federal Student Aid)? YES NO

If you have not completed the FAFSA, please explain \_\_\_\_\_

Personal statement of future goals and objectives:

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Do you work? \_\_\_\_\_ If yes, where?

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**Note: In addition to the above questionnaire, you are required to submit a transcript and essay (no more than one page) from the listed prompts.**

**RETURN THIS COMPLETED APPLICATION FORM, TRANSCRIPT, AND YOUR LETTER TO THE SCHOLARSHIP CHAIRMAN BY FRIDAY, MARCH 3, 2023. EMAIL ALL NEEDED INFORMATION TO DREAMA DALTON AT [ddalton24078@yahoo.com](mailto:ddalton24078@yahoo.com). YOU MAY ALSO MAIL IT TO DREAMA DALTON, PO BOX 876, COLLINSVILLE, VA 24078.**

Please respond to one of the following prompts in 250- 750 words.

1. The lessons we take from obstacles we encounter can be fundamental to later success. Recount a time when you faced a challenge, setback, or failure. How did it affect you, and what did you learn from the experience?
2. Describe a problem you have solved or a problem you would like to solve. It can be an intellectual challenge, a research query, an ethical dilemma – anything that is of personal importance, no matter the scale. Explain its significance to you and what steps you took or could be taken to identify a solution.
3. Discuss an accomplishment, event, or realization that sparked a period of personal growth and a new understanding of yourself or others.
4. Create an essay of your own stating your educational goals and why you should be a recipient of this scholarship.

**Kappa Delta Omega Chapter  
Alpha Kappa Alpha Sorority, Inc.  
Martinsville-Henry County, Virginia  
Scholarship Application**

Name \_\_\_\_\_ Date \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

(Month) (Day) (Year)

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

Parents/Guardian \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Yearly Salary:     \_\_\_ \$9,500- \$12,500  
                          \_\_\_ \$12,501- \$15,000  
                          \_\_\_ \$15,001- \$25,000  
                          \_\_\_ \$25,001- \$35,000  
                          \_\_\_ \$35,001- \$45,000  
                          \_\_\_ \$45,001- \$60,000  
                          \_\_\_ \$60,001+

Number of Family Members in Household \_\_\_\_\_

Please describe any situations causing financial hardship.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School Activities \_\_\_\_\_  
\_\_\_\_\_

Church & Community Activities \_\_\_\_\_  
\_\_\_\_\_

Awards/Honors \_\_\_\_\_  
\_\_\_\_\_