

Name of Contestant: _____

COMMUNITY ADVANCEMENT FOUNDATION
in partnership with
ALPHA KAPPA ALPHA SORORITY, INCORPORATED, KAPPA PI OMEGA CHAPTER
2020 SCHOLARSHIP APPLICATION: CONTESTANT INFORMATION

Name: _____
Last First Middle

Home Address: _____

City: _____ ST: _____ Zip Code: _____

Date of Birth: _____ Home Phone: () _____ Cell Phone: () _____
MM/DD/YY

Email Address: _____

Parents' Names: _____

ACADEMIC / COMMUNITY INFORMATION

Name of High School: _____

City _____ State: _____ Zip Code: _____

Anticipated Date of Graduation: _____

List your academic achievements, honors, accomplishments:

List School Organizations:
