



The Pearls of Wisdom and Grace Foundation, Inc.  
In Partnership With  
Iota Psi Omega Chapter of Alpha Kappa Alpha Sorority, Inc.  
presents the  
**2025-2026 Scholarship Application**

Alpha Kappa Alpha Sorority, Incorporated®, Iota Psi Omega Chapter will award two academic scholarships to graduating seniors who reside or attend school in the Clarke, Elbert, Greene, and Stephens areas. Qualified applicants must be female and plan to attend an accredited college or university.

**Illustrious Pearls Academic Scholarship**

Five students (2 Clarke, 1 Elbert, 1 Greene, 1 Stephens) will receive a one-time payment of \$2,000 for college expenses.

Qualifications include:

- 3.0+ GPA
- Demonstrated extracurricular activities and/or community service

All application packets must include the following:

- Completed Application (Typed)
- Application Essay (Typed 500 words or more)
- Official Transcript (electronic preferred)
- 1 Recommendation Letter
- College Acceptance Letter(s) to an accredited four-year college/university
- Attach official senior portrait. By signing this application, you release Alpha Kappa Alpha Sorority Incorporated®, Iota Psi Omega Chapter to use your photograph and biographical information for possible articles in the media.

***The academic recommendation letter must be on official letterhead completed by an academic teacher, counselor or administrator of the school in which you currently attend. If possible, please send ALL components of the application in ONE compressed PDF file. Plagiarism will not be tolerated.***

Scholarship packets must be submitted electronically by April 13, 2026,  
to: ipoakascholarship1908@gmail.com

Please submit OFFICIAL transcripts electronically to  
ipoakascholarship1908@gmail.com or mail to:

P.O. Box 303  
Athens, GA 30603



## APPLICANT INFORMATION

First Name		Middle Name		Last Name	
Street Address			City	State	Zip
Phone	Date of Birth	Email			

## PARENT / GUARDIAN INFORMATION

1) Parent / Guardian Name		Relationship	
Phone Number		Email Address	
2) Parent / Guardian Name		Relationship	
Phone Number		Email Address	

## HIGH SCHOOL INFORMATION

High School Currently Attending			Overall GPA		
Address		City	State	Zip	

## COLLEGE ASPIRATIONS

Colleges / Universities You Applied to Or Plan to Apply		Intended Major or Field of Study	
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## EXTRA-CURRICULAR / COMMUNITY ACTIVITIES

Name of Group / Activity	Grade (Check boxes that apply)				Positions Held (if applicable)
	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
Were you a member of any mentoring programs sponsored by Alpha Kappa Alpha Sorority, Incorporated, Iota Psi Omega Chapter or the Pearls of Wisdom and Grace Foundation?    YES    NO					If yes, please list the program and date(s) of participation:

## HONORS / AWARDS / RECOGNITIONS

Award	Grade (Check boxes that apply)				Source / Reason for Award
	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					



# ESSAY

(Answer the following prompt in 500 words or more)

**Alpha Kappa Alpha Sorority, Inc. is an organization committed to being of “Service to All Mankind.” How have you contributed to your community? How has that impacted you? How will you utilize your education to impact the community in which you will live? Lastly, who has most influenced your academic journey?**



## Parent/Guardian Media Release Form

**Alpha Kappa Alpha Sorority, Incorporated® routinely promotes programs and activities involving minors through various media. MEDIA RELEASE**

**I, \_\_\_\_\_ the undersigned, do hereby grant permission to use the image of my child, \_\_\_\_\_ . Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that**

Applicant's Signature	Date
Parent / Guardian's Signature	Date

## SIGNATURES

**I have provided truthful and complete information in this application and understand the requirements of this program. I understand that if I am a recipient of this scholarship award, that my awarded amount will be submitted on my behalf to the accredited four-year college/university in which full-time enrollment has been verified. I forfeit the awarded amount if I do not attend an accredited four-year college/university and I am not enrolled as a full-time student.**

Applicant's Signature	Date
Parent / Guardian's Signature	Date