



HIGH SCHOOL SCHOLARSHIPS

The Diamond Jubilee Pearls Foundation, Incorporated of Alpha Kappa Alpha Sorority, Incorporated – Upsilon Mu Omega Chapter was established in 1999. Its primary goal is to support educational achievement through scholarships, grants and stipends. Since its inception, the Foundation has awarded over \$95,000 to students of all ages. The Foundation is now accepting applications for its 2020-2021 scholarship program. The scholarships described below provide financial assistance to graduating, high school seniors planning to attend an accredited college, university, or trade school as a full or part-time student. A student may apply for both of the scholarships listed below, but will only receive one scholarship, if awarded. Each scholarship will be a minimum of \$2,000 dollars.

Completed application package can be submitted via e-mail to:

djpf scholarship@gmail.com

(subject should be “High School Scholarship Application – LASTNAME”)

Completed application package can be submitted via mail to:

Upsilon Mu Omega Chapter
Alpha Kappa Alpha Sorority, Incorporated
P.O. Box 510426
Milwaukee, WI 53203.

Deadline

E-mailed applications must be received by **April 30, 2020**. Mailed applications must be **postmarked by April 30, 2020**. Late or incomplete packages will *not* be reviewed.



ACADEMIC SCHOLARSHIP

Eligibility Criteria:

- ☐ High School Senior (Anticipated Graduation in 2020)
- ☐ African-American
- ☐ City of Milwaukee resident
- ☐ 3.0 or higher cumulative grade point average on a 4.0 scale

A complete application package for the Academic Scholarship includes:

- ☐ Completed scholarship application
- ☐ Current **official transcript** (with institution's official seal or Registrar's signature)
- ☐ A one (1) page typed essay describing your career goals and aspirations and the importance of educational achievement. *Formatting Requirements: 12-point font, 1" margins, Single spaced.*
- ☐ Three (3) letters of recommendation (excluding relatives). One letter must be from a Professor or Academic Advisor. Please use the enclosed recommendation form. A separate letter must be submitted along with the form. **All recommendations (forms and letters) must be signed.**

THE DR. DOROTHY BUCKHANAN WILSON HISTORICALLY BLACK COLLEGE AND UNIVERSITY (HBCU) SCHOLARSHIP

Eligibility Criteria:

- ☐ High School Senior (Anticipated Graduation in 2020)
- ☐ African-American/Black
- ☐ City of Milwaukee resident
- ☐ 3.0 or higher cumulative grade point average on a 4.0 scale
- ☐ Plan to attend an Historically Black College or University

A complete application package for the HBCU Scholarship includes:

- ☐ Completed scholarship application
- ☐ Current **official transcript** (with institution's official seal or Registrar's signature)
- ☐ A one (1) page typed essay describing your career goals and aspirations and the importance of educational achievement. *Formatting Requirements: 12-point font, 1" margins, Single spaced.*
- ☐ Three (3) letters of recommendation (excluding relatives). One letter must be from a Professor or Academic Advisor. Please use the enclosed recommendation form. A separate letter must be submitted along with the form. **All recommendations (forms and letters) must be signed.**
- ☐ A minimum of 100 hours of community service dedicated to non-profit organizations over the last 12 months. Use the attached form to document your community service activities. Though not required, you may also include photographs.

HIGH SCHOOL SCHOLARSHIP APPLICATION



Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _ (____) _____ Cell Phone: _ (____) _____

Parent/Guardian Name (if applicable): _____

Scholarship for which you are applying **(Please check one only)**:

Academic: _____

Dr. Dorothy Buckhanan Wilson HBCU: _____

Name of High School: _____ GPA: _____/4.0

Name of High School Counselor: _____

College or University you are planning to attend: _____

Extracurricular activities:

Awards and special Recognition:

Community involvement:

References (Provide three references):

Name	Telephone	Email
1.		
2.		
3.		

(Signature)

(Date)

Documentation of Community Service for the
Dr. Dorothy Buckhanan Wilson
Historically Black College and University Scholarship



Name of Applicant: _____ **Date:** _____

Please record information below regarding the applicant's community service within the last 12 months.

Title of Activity/Program _____

Location of Activity/Program _____

Number of hours completed _____

Describe the student's specific involvement _____

☐ I verify that all of the information provided is true and correct.

Supervisor Signature

Phone

Supervisor Name Printed

Email

HIGH SCHOOL SCHOLARSHIP RECOMMENDATION FORM



The Diamond Jubilee Pearls Foundation, Incorporated of Alpha Kappa Alpha Sorority, Incorporated – Upsilon Mu Omega Chapter was established in 1999. Its primary goal is to support educational achievement through scholarships, grants and stipends. Since its inception, the Foundation has awarded over \$95,000 to students of all ages. The Foundation is now accepting applications for its 2020-2021 scholarship program.

Please complete the following recommendation form on behalf of the student who requested it. A separate letter of recommendation may be submitted *with* the completed form.

Completed Recommendation form can be submitted via e-mail to:

djpf scholarship@gmail.com

(subject should be “High School Scholarship Application – Recommendation Form”)

Completed Recommendation form can be submitted via mail to:

Upsilon Mu Omega Chapter
Alpha Kappa Alpha Sorority, Incorporated
P.O. Box 510426
Milwaukee, WI 53203.

Deadline

E-mailed forms must be received by **April 30, 2020**. Mailed forms must be **postmarked by April 30, 2020**. Late or incomplete packages will *not* be reviewed.

Recommendation Form



Name of Applicant: _____

Date: _____

Your assessment of the applicant will help us in our evaluation of his/her application. Please rate the applicant on the following characteristics by marking the appropriate rating for each characteristic:

AREA	Below Average	Average	Good (above average)	Very Good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	Top Few (top 1%)
Diligence							
Academic Achievement							
Interpersonal Relations							
Maturity							
Motivation							
Leadership							
Concern for Others							
Initiative							
Overall Assessment							

How long have you known this applicant? _____ years and _____ months.

In what capacity have you known this applicant? _____

Additional Comments: _____

Name _____ Phone _____

Organization _____ Email _____

Position/Title _____

(Signature)

(Date)

Recommendation Form



Name of Applicant: _____

Date: _____

Your assessment of the applicant will help us in our evaluation of his/her application. Please rate the applicant on the following characteristics by marking the appropriate rating for each characteristic:

AREA	Below Average	Average	Good (above average)	Very Good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	Top Few (top 1%)
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Maturity							
Motivation							
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Concern for Others							
Initiative							
Overall Assessment							

How long have you known this applicant? _____ years and _____ months.

In what capacity have you known this applicant? _____

Additional Comments: _____

Name _____

Phone _____

Organization _____

Email _____

Position/Title _____

 (Signature)

 (Date)

Recommendation Form



Name of Applicant: _____

Date: _____

Your assessment of the applicant will help us in our evaluation of his/her application. Please rate the applicant on the following characteristics by marking the appropriate rating for each characteristic:

AREA	Below Average	Average	Good (above average)	Very Good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	Top Few (top 1%)
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Academic Achievement							
Interpersonal Relations							
Maturity							
Motivation							
Leadership							
Concern for Others							
Initiative							
Overall Assessment							

How long have you known this applicant? _____ years and _____ months.

In what capacity have you known this applicant? _____

Additional Comments: _____

Name _____ Phone _____

Organization _____ Email _____

Position/Title _____

(Signature)

(Date)

