

**SCHOOL DISTRICT OF OKALOOSA COUNTY
VENDOR'S REQUEST TO CONTACT PRINCIPALS**

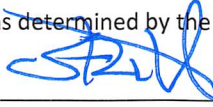
Directions:

- 1) This form should be completed in its entirety and returned to the office listed below. An exact copy of the materials being requested for distribution must be included for review (e.g., brochure, flyer etc.). Approval from the District Office is required prior to contacting schools. Please allow 72 hours to receive a determination.

Not including a copy of the material(s) being requested for distribution will delay processing.

Steve Horton, Assistant Superintendent, Operational Services
 Carver Hill Administrative Complex
 461 W School Ave.
 Crestview, FL 32536
 Phone: 689-7117 Fax: 689-7121
 Email: ANGLINS@okaloosaschools.com

- 2) This form, when approved, gives permission for vendors to contact the principal of the requested school(s) for an appointment. **Any appointment and/or distribution of material is at the discretion of the school principal.**
- 3) Vendors should take a signed copy of this form to each principal for their approval.
- 4) Upon approval by the principal, vendors should contact the school(s) to get a student count prior to delivery of any materials. **A signed copy of this form must accompany any materials that are delivered to the school(s).**

Name: Ms. Yolonda Washington
Organization: Alpha Kappa Alpha Sorority, Incorporated
Address: Post Office Box 2702 Fort Walton Beach, FL 32549
Email Address: akasooscholarship@gmail.com
Phone: 850-313-9874
Fax: NA
<i>Reason for Request (Attach brochure and/or information describing the business and request):</i> Permission to advertise the Sigma Omicron Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated scholarship application to local high schools.
Choose One - <input type="checkbox"/> ALL OCSD Schools <input checked="" type="checkbox"/> Specific Schools (List Individually): Local High Schools: Fort Walton Beach High School, Choctawhatchee High School, Niceville High School, Crestview High School, Baker School, and Laurel Hill School
Contact Dates: February 19, 2021 - March 20, 2021
Name of person(s) who will contact principals: Ms. Yolonda Washington
Specification(s) if any by the Superintendent's Designee are made below: <input type="checkbox"/> Place in office only (area designated by the school principal). <input type="checkbox"/> Distribute to faculty/staff only (as determined by the school principal).
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> NOT Approved <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  Signature of Superintendent's Designee </div> <div style="text-align: center;"> 2/22/21 Date </div> </div>

Approved NOT Approved

Signature of **Principal**

Date

**SIGMA OMICRON OMEGA CHAPTER
OF
ALPHA KAPPA ALPHA SORORITY, INCORPORATED ®
2021 Scholarship Application**

Please print or type all responses.

PERSONAL INFORMATION

Name of School _____

School Awards Program Date/Time: _____

Name: _____

Address: _____

E-mail address: _____

Telephone number: _____

Name of Parent(s)/Guardian(s): _____

Telephone Number _____

ACADEMIC ACHIEVEMENTS

Weighted GPA _____ Unweighted Grade Point Average (*at least 2.5*): _____

Graduation Date: _____

ACT Score _____ or SAT Score _____

Scholastic honors or other recognition you have received: _____

SERVICE/EXTRACURRICULAR/LEADERSHIP

Community Service:

Participation in Extracurricular activities (sports, clubs, church, community etc.): _____

Leadership held in clubs or organizations: _____

FUTURE PLANS

Which College/University/Vocational School do you plan to attend? _____

Career Plans: _____

Briefly describe the reasons for this career choice: _____

ESSAY SUBMISSION

Directions: Please submit a 750 word, double-spaced, typed essay on one of the following topics (on a separate sheet).

Choose One:

Topic I. Describe a mentor in your life who has made a difference in shaping your personal values. Explain why you hold him/her as a role model.

Topic II. Discuss some issue of personal, local, national, or international concern and its importance to you

**Scholarship Checklist – All items are to be submitted together.
May be submitted via hardcopy or electronic.**

- ___ *Attach two (2) letters of recommendation (At least one from school personnel)*
- ___ *Attach an official copy of your high school transcript.*
- ___ *Attach a copy of your ACT or SAT score report.*
- ___ *Attach a wallet size photo to your application. (Non-returnable)*
- ___ *Must have minimum 2.5 GPA*
- ___ *Essay Submission*

To promote awareness of Sorority activities and events, we are requesting permission to use your name, picture, and accomplishments in publications, technology, and/or forms of media involving our sorority.

- ___ *I agree to the use of my name, picture, and accomplishments in publications, technology, and/or forms of media involving our Sorority.*
- ___ *I do not agree for my name, picture, and accomplishments to be used in publications, technology, and/or forms of media involving our sorority.*

Signature of Student _____ *Date* _____

Signature of Parent _____ *Date* _____

APPLICATIONS MUST BE POSTMARKED BY: March 20, 2021

NOTE: If this date is during your Spring Break, please make sure you have acquired your transcript prior to your school closing for Spring Break.

APPLICATIONS MAY BE EMAILED TO: akasooscholarship@gmail.com

(OR) APPLICATIONS MAY BE MAILED TO:

**Attn: Scholarship Committee
Alpha Kappa Alpha Sorority, Inc.
Sigma Omicron Omega
P.O. Box 2702
Ft. Walton Beach, FL 32549**