



Alpha Kappa Alpha Sorority, Incorporated[®]

Xi Upsilon Omega Chapter
Fredericksburg, Virginia

The Maxine M. Newell Scholarship Application

(For students pursuing a degree in a field that will benefit children)

Due: March 10, 2023

Name and location of high school _____ Date _____

Name _____ Telephone _____

Email _____

Address _____

Parents(s), Stepparent(s) or Guardians _____

Family members (*living in the home under the age of 18*) Brothers (ages) _____ Sisters (ages) _____

Number of siblings ages 18-22 attending college this fall _____

Total gross family income: _____ Below \$25,000 _____
\$25,000 - \$35,000 _____ \$36,000 - \$45,000 _____ \$46,000—
\$55,000 _____ \$56,000 - \$65,000 _____ \$66,000 - \$75,000
_____ \$76,000 - \$85,000 _____ \$86,000 - \$95,000 _____
\$95,000—\$120,000
_____ Above \$120,000

Father, stepfather, guardian's
occupation _____

Work
address _____

Employer _____

Phone H _____ W _____

Mother, stepmother, guardian's
occupation _____

Employer _____

Phone H _____ W _____

Work address _____

Name of college/university you plan to attend this fall _____

Please note: Scholarship recipients are selected based on this application and an interview. If you are selected as a scholarship recipient and your college choice changes after you are selected, it could affect your eligibility for the scholarship.

Address or location of college/university _____

Major _____ Minor _____

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PROFILE OF APPLICANT
(Use separate sheet if necessary)

State educational and career goals and how they will impact the lives of children: List high

school scholastic, extra curricular, and leadership activities and achievements: List community

service and leadership activities: (You may use church and other organizations) Give an

explanation of your financial need.

Please enclose a copy of your transcript and two or more letters of recommendation.

Statement for Maxine M. Newell Scholarship
I certify that the information given in this application is

correct to the best of my knowledge.

Due: March 10, 2023

Signature of Applicant Date

Signature of Parent or Guardian Date