

# PEARLS OF VISION FOUNDATION, INC.

## 2019 VISION HIGH SCHOOL SCHOLARSHIP APPLICATION



*Pearls of Vision Foundation, Inc.  
Post Office Box 605  
Fairburn, GA 30213*

APPLICANT SHOULD REFER TO THE 2019 PEARLS OF VISION FOUNDATION,  
INC. SCHOLARSHIP GUIDELINES FOR CRITERIA

Applicant's  
Full Name:

First	Middle	Last	Suffix
FOR FOUNDATION USE ONLY		DO NOT WRITE BELOW THIS LINE	
Application Packet Received: _____			
Application Packet Postmarked: _____			
Application Packet Complete (Y or N): _____			



<b>PART I. PERSONAL INFORMATION</b>		
Last Name	First Name	Middle Name
Date of Birth: (MM/DD/YYYY)		Personal Email Address:
Permanent Address:		
City	State	Zip
Telephone <input type="checkbox"/> Home		<input type="checkbox"/> Cell
<b>PART II. PARENT/GUARDIAN CONTACT INFORMATION</b>		
Mother's Full Name:		
Address		
City	State	Zip
Telephone <input type="checkbox"/> Home		<input type="checkbox"/> Cell
Father's Full Name		
Address		
City	State	Zip
Guardian's Full Name		
Address		
City	State	Zip
Telephone <input type="checkbox"/> Home		<input type="checkbox"/> Cell
<b>PART III. ACADEMIC INFORMATION</b>		
Name of High School		
Address		
City	State	Zip
School Principal Name		
School Counselor Name		
Graduation Date	ACT Score	or SAT Score

Cumulative GPA	Official Transcript Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PART IV. ACADEMIC ACHIEVEMENTS (HONORS &amp; AWARDS)</b>	
<b>PART V. SCHOOL ORGANIZATIONS/ACTIVITIES</b>	
<b>PART VI. EXTRACURRICULAR ACTIVITIES</b>	
<b>PART VII. VOLUNTEER/COMMUNITY SERVICE</b>	

**PART VIII. COLLEGE/UNIVERSITY**

College/University Applied to:


College/University Accepted to:


**SIGNATURE OF STUDENT**

By signing below, I understand that Pearls of Vision Foundation, Inc. may attempt to verify statements made on my application. I grant them permission to request information to verify such statements. I certify that all information included in the scholarship application packet is true and complete to the best of my knowledge.

The undersigned hereby consents to the legal use by Alpha Kappa Alpha Sorority, Inc., Phi Tau Omega Chapter (the Chapter) and Pearls of Vision Foundation, Inc. (the Foundation) of any and all photographs of me taken or provided, in whole or in part, in any form or medium, for news stories, publicity, social media and website posting. I understand that the Chapter and the Foundation shall have reproduction rights to the images. I waive any right to inspect or approve the finished products or the copy or printed matter that may be used with the photographs. I hereby release the Chapter and the Foundation from any and all claims in connection with the photograph(s), including any and all claims of libel.

Student Signature	
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Date	
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**SIGNATURE OF PARENT/GUARDIAN (if student under 18)**

By signing below, I understand that Pearls of Vision Foundation, Inc. may attempt to verify statements made on my application. I grant them permission to request information to verify such statements. I certify that all information included in the scholarship application packet is true and complete to the best of my knowledge.

The undersigned hereby consents to the legal use by Alpha Kappa Alpha Sorority, Inc., Phi Tau Omega Chapter (the Chapter) and Pearls of Vision Foundation, Inc. (the Foundation) of any and all photographs of me or my child taken or provided, in whole or in part, in any form or medium, for news stories, publicity, social media and website posting. I understand that the Chapter and the Foundation shall have reproduction rights to the images. I waive any right to inspect or approve the finished products or the copy or printed matter that may be used with the photographs. I hereby release the

Chapter and the Foundation from any and all claims in connection with the photograph(s), including any and all claims of libel.	
Parent/Guardian Signature (if student under 18)	
Date	