

Pearls of Vision Foundation, Inc.

2020 Avonia Elliott Community Service Scholarship Participation Requirements

INTRODUCTION

The *Avonia Elliott Community Service Scholarship* is a one-year merit based or financial assistance based scholarship awarded to graduating high school seniors accepted to an accredited college or university the semester immediately after graduation. Avonia Elliott is a charter member of Alpha Kappa Alpha Sorority, Inc. Phi Tau Omega Chapter. Ms. Elliott was an educator dedicated to community service for all mankind.



CRITERIA

- Applicant must be a graduating senior from a South Fulton high school during the 2019-2020 school term
- Applicant must submit an official transcript with an official seal stamp in a separate sealed envelope
- Applicant must have a cumulative GPA of 3.0 or higher
- Applicant must provide proof of college acceptance to an accredited college or university recognized by the Department of Education
- Applicant must submit a typed 500-750 word essay on one of the following topic:
 - ◇ Describe how you have demonstrated leadership ability both in and out of school.
 - ◇ What do you think is the greatest challenge facing your generation? How will you face this challenge and how will you help others face it?
 - ◇ How do you plan to help others in your community after achieving your educational goals?
- Applicant must demonstrate financial need (submit FAFSA summary)
- Applicant must demonstrate community service involvement
- Applicant must submit two recommendation letters; one from an academic administrator or faculty member and one that can attest to your personal character and attributes (all must be adults and neither should be a relative or a peer)
- Applicant must mail completed application form and information listed above post-marked by **February 15, 2020**, to the address below (DO NOT send certified mail that requires a signature). Award reception will be **March 22, 2020**. Scholarship recipients attendance at the scholarship reception is encouraged.

Pearls of Vision Foundation, Inc.
P.O. Box 605
Fairburn, GA 30213

Applications can be found at www.pearlsofvision.org, and on *twitter* at **Pearls of Vision @VisionPearls**. Submit all questions to Stephanie Thompson & Lisa Smith at POVscholarships@gmail.com.

PEARLS OF VISION FOUNDATION, INC. 2020 AVONIA ELLIOTT COMMUNITY SERVICE SCHOLARSHIP APPLICATION



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

APPLICANT SHOULD REFER TO THE 2020 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): _____			

PART I. PERSONAL INFORMATION

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	

PART II. PARENT/GUARDIAN CONTACT INFORMATION

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	

PART III. ACADEMIC INFORMATION

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
PART IV. ACADEMIC ACHIEVEMENTS (HONORS & AWARDS)	
PART V. SCHOOL ORGANIZATIONS/ACTIVITIES	
PART VI. EXTRACURRICULAR ACTIVITIES	
PART VII. VOLUNTEER/COMMUNITY SERVICE	
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	
Date	

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	