

Last Name: _____ First: _____ Middle Int.: _____

Legacy of Leadership Foundation, Incorporation Scholarship Application College Applicant

The Silver Star Scholarship

Is being offered to female students who are currently attending an accredited college or university in the United States and is an undergraduate member, as defined by Alpha Kappa Alpha Sorority, Incorporated® guidelines.

Eligibility

- United States Citizen from the Detroit metropolitan area, including Ann Arbor, Michigan.
- Current college student attending a college or university in the United States (applicant must be currently enrolled in a college or university in the fall of 2026).
- Applicants must be currently enrolled in a college or university in the fall of 2026 to receive an award.
- Applicants must be of good moral character, exemplifies exceptional potential for leadership and have aspirations of being an asset to their respective communities.
- Applicants must have demonstrated leadership abilities through participation in community service, extracurricular, or other activities.

Selection Criteria

Applicants will be selected as finalists based on their academic accomplishments, intellectual and creative distinctions, extracurricular activities, community service, letters of reference, and original essays. In addition, applicants applying must be a current financial member of an Alpha Kappa Alpha Sorority undergraduate chapter, full-time sophomore, junior or senior with a current and cumulative minimum grade point average of 3.0, having completed a minimum of 24 credit hours of course study.

Application Deadline

The application must be typed and may be accessed at <http://akaoeo.com> or <https://www.akalol.org>. The application, together with ALL related documentation must be **postmarked no later than March 27, 2026**. Please place your name on all materials. Do not staple items together. Address questions to scholarship.akalolf@gmail.com.

Send all original documents to:

Legacy of Leadership Foundation, Incorporated
Attn: Scholarship Committee
P. O. Box 892
Novi, Michigan 48376

Last Name: _____ First: _____ Middle Int.: _____

Documents to be Submitted

1. One copy, certified by the registrar or other recognized official, of the applicant's official college or university transcript. This document must be submitted to Legacy of Leadership Foundation, Incorporated Scholarship Committee postmarked **no later than March 27, 2026**.
2. Two letters of recommendation are required, **no more than 1 page**; with one of the two letters from the Graduate Advisor of your undergraduate chapter and one letter from a non-family individual who can objectively assess your abilities and character. (Please note: Family members are not permitted to write a letter of recommendation). **Do not submit more than two letters**. Please ask your references to address the following:
 - Reference's position or title
 - Indicate how long and in what capacity you have known the applicant. Describe the applicant's motivation and potential for academic success. Please be specific.
 - Describe the applicant's distinctive qualities or a unique characteristic that you have personally observed that makes the applicant particularly qualified to receive a The Legacy Scholarship.
3. Essay Topic: How I Plan to Use This Scholarship To Support and Contribute To The Body of Knowledge in My Field of Study. **This essay must be typed**. A minimum of 500 words is required.
4. Completed application.

I wish to be considered for The Legacy Scholarship. **I am currently enrolled and will be enrolled in the fall of 2026 to a College or University** and have read and agree to all conditions stipulated for The Silver Star Scholarship candidates. I include in this application:

- Items 1, 2, 3, and 4.
- Confidential letters of reference written on my behalf sealed in individual envelopes and signed along the seal.

Signature (Required)

Mailing Address

Date

City, State and Zip Code

Last Name: _____ First: _____ Middle Int.: _____

STUDENT PROFILE

Last Name First Middle Initial

Address

City State Zip Code

Email Address

() _____
Home Phone

() _____
Cell Phone

- - _____
Social Security Number

/ / _____
Date of Birth

College(s) Attended:

Cumulative GPA: _____

Last Name: _____ First: _____ Middle Int.: _____

Field of Study: _____

Educational History:

I am in the _____ year of study at _____ College/University.

My expected date of graduation is: _____

Current College or University: _____

Begin Date: _____ Cumulative GPA (4.00 Scale): _____

College and Professional Honors, Awards and Activities:

Please list all your important college or professional activities, dates of participation, awards, and offices held (includes student government, sports, school publications, arts, debate and exchange programs, etc.)

Activity	Date	Awards	Office

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Public Service and Community Service Activities

Please list all public service and community service activities that you have voluntarily participated in without pay. (Include projects with community organizations, environmental protection and conservation efforts, work with religious organizations, candy striping, etc.)

Activity	Date	Awards	Office

**ALL APPLICATIONS MUST BE POSTMARKED BY:
March 27, 2026
Mail Application to:
Legacy of Leadership Foundation, Incorporated
Attn: Scholarship Committee
P. O. Box 892
Novi, Michigan 48376**

**Applications accepted must meet all the guidelines that are listed.
Incomplete Application Packages will not be accepted. No Exceptions.**