

**“ESP... Excellent Scholarly Performance”
ALPHA KAPPA ALPHA EDUCATIONAL ADVANCEMENT FOUNDATION, INC.**



COMMUNITY ASSISTANCE AWARD APPLICATION

Name of Project: _____

Brief Description of Project _____

Proposed beginning or initiated date of Project __/__/__ Proposed Ending date if applicable __/__/__

Is this a continuing project of your organization? _____ If so, when was it initiated? _____

Name of Organization _____

Organization's EIN # _____

Address: _____ Phone: (____) _____

City: _____ State __ Zip Code _____

Please provide the name and phone number of the authorized contact person:

Name: _____ Phone: (____) _____

If the project is an activity of a chapter of Alpha Kappa Alpha Sorority, Inc., please provide the following information:

Chapter: _____ Basileus: _____

Groups/organizations applying for this community assistance award are expected to address current Alpha Kappa Alpha Educational Advancement Foundation program priorities. Identify no more than three major program priorities your project addresses by ranking them below as first (1), second (2) and third (3).

- | | |
|--|---------------------------------------|
| ____ The Economic Growth of the Black Family | ____ The Economic Keys to Success |
| ____ The Health Resource Management and Economics | ____ The Non-Traditional Entrepreneur |
| ____ Economic Educational Advancement Through Technology | |

The application, narrative, budget, **two letters of support** and other supporting documents must be submitted and postmarked no later than **August 15, 2009**. If available, please include good quality photos, which support your project. Candid/action shots showing the project in progress are preferable to staged photos. Photographs that include children **MUST** have parental consents on file with your organization(s). Send the complete packet to:

Alpha Kappa Alpha Educational Advancement Foundation
5656 South Stony Island Avenue
Chicago, IL 60637
Attn: Community Awards

I certify that the information I have provided on this form is complete and accurate. I authorize the Alpha Kappa Alpha Educational Advancement Foundation to use the information supplied here solely to assess eligibility for a community assistance award. I certify that any photographs containing pictures of children have parental consents on file and may be used in any publication of the Foundation.

Organizations Authorized Contact person _____ Title _____

Organization's Authorized Signature _____ Date __/__/__

****This is a one-time award. An organization that has received an award from AKA-EAF in the past is not eligible to apply.**