

Alpha Kappa Alpha Educational Advancement Foundation, Inc.
Fellowship Application

Name of Applicant: _____

Address: _____ Phone No.(____)_____

City: _____ State: _____ Zip Code: _____

Name of Educational Institution: _____

Primary Advisor: _____ Phone No.(____)_____

If the Fellowship applicant is a member of Alpha Kappa Alpha Sorority, Inc. please give the name and address of the chapter and basileus:

Chapter: _____ Region: _____

Requests from individuals are expected to address a specific Fellowship offered by the Alpha Kappa Alpha Educational Advancement Foundation. Identify the fellowship for which you are applying by checking the option below:

The Foundation administers seven fellowship granting awards during even numbered years.

_____ Rosa Parks Fellowship for Non-Violent Studies
This fund is earmarked to support individuals and projects involved in finding non-violent solutions to human problems.

_____ Kay Madry Sullivan Fellowship for Foster Children
This fund is to provide financial assistance to a college student in the foster care system/independent living. Student must be from the state of Florida or South Atlantic Region.

_____ Dr. Dorri Phipps Fellowship for Lupus Disease
This fund is for students pursuing a medical degree in rheumatology from a certified USA university, whose interest is finding a cure for SLE/Lupus in women and children of color.

_____ South Eastern Region Fellowship
This fund is to perpetuate life-long learning.

_____ Margaret Blake Roach Fellowship Fund
This fund is for human service projects.

_____ South Atlantic Regional Conference Chairman's Fellowship Award
This fund is Non-profit humanitarian work.

_____ Eva L. Evans Fellowship for math and science
This fund is for students pursuing a degree math and science.



Packet must include:

- Application -Narrative
- Budget -**Two letters of support &** other support materials

Postmarked by April 15, 2010. Send all information to:
Alpha Kappa Alpha Educational Advancement Foundation, Inc.
5656 South Stony Island Avenue Chicago, IL 60637

I certify that the information I have provided on this form and supporting materials is complete and accurate. I authorize Alpha Kappa Alpha Educational Advancement Foundation to use the information supplied here solely to assess my eligibility for a Fellowship.

Applicant's Signature _____ Date _____