



Alpha Kappa Alpha Sorority, Incorporated®  
 Xi Upsilon Omega Chapter  
 Fredericksburg, Virginia

**The Maude B. Murchison Scholarship Application**  
**Application Due February 24, 2021**

Name and location of high school \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Parents(s), Stepparent(s) or Guardians \_\_\_\_\_

Father, stepfather, guardian's  
 occupation \_\_\_\_\_

Mother, stepmother, guardian's  
 occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Phone H \_\_\_\_\_ W \_\_\_\_\_

Phone H \_\_\_\_\_ W \_\_\_\_\_

Work address \_\_\_\_\_

Work address \_\_\_\_\_

Family members (living in the home under the age of 18) Brothers (ages) \_\_\_\_\_ Sisters (ages) \_\_\_\_\_

Number of siblings ages 18-22 attending college this fall \_\_\_\_\_

Total gross family income: \_\_\_ Below \$25,000 \_\_\_ \$25,000 - \$35,000 \_\_\_ \$36,000 - \$45,000 \_\_\_ \$46,000 - \$55,000  
 \_\_\_ \$56,000 - \$65,000 \_\_\_ \$66,000 - \$75,000 \_\_\_ \$76,000 - \$85,000 \_\_\_ \$86,000 - \$95,000 \_\_\_ Above \$95,000

\*Name of college/university you plan to attend this fall \_\_\_\_\_

*Please note: Scholarship recipients are selected based on this application and an interview. If you are selected as a scholarship recipient and your college choice changes after you are selected, it could affect your eligibility for the scholarship.*

Address or location of college/university \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

**PROFILE OF APPLICANT  
(Use separate sheet if necessary)**

**State educational and career goals:**

**List high school scholastic, extra curricular, and leadership activities and achievements:**

**List community service and leadership activities: (You may use church and other organizations)**

**Explain your financial need:**

**Please enclose a copy of your transcript and two or more letters of recommendation.**

**Statement for Maude B. Murchinson Scholarship  
I certify that the information given in this application is  
correct to the best of my knowledge.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

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