



WOMEN OF PEARLS COMMUNITY ACTION FOUNDATION  
IN COLLABORATION WITH  
ALPHA KAPPA ALPHA SORORITY, INCORPORATED®  
TAU RHO OMEGA CHAPTER  
**ZINA WILLIAMS MEMORIAL SCHOLARSHIP APPLICATION**

Greetings from the members of Women of Pearls Community Action Foundation and Alpha Kappa Alpha Sorority, Inc. ®, Tau Rho Omega Chapter. This spring, we will be awarding scholarships to African-American high school graduating seniors who will be attending a college or university in the fall or a currently enrolled college student who is pursuing a degree in a health related field. Recipients must have demonstrated leadership and a commitment to service in their high school or college and community. Applicants must have a minimum of a cumulative 2.5 GPA. Applicants must also reside or have a permanent residence in the DFW Metroplex or Houston, Texas areas. The award will be paid directly to the student after proof of enrollment has been confirmed.

**Applications must be accompanied by the following items:**

- **An official transcript**
- **Essay - No more than (2) pages double spaced**  
Essay must also include:
  - \*Brief Biography
  - \*Evidence of community service and leadership skills
  - \*How would the scholarship contribute to your college success?
- **(3) Three letters of recommendation from civic leaders, teachers, or counselors.**

We would like to thank you for your interest in this scholarship and we look forward to receiving your information in consideration for this opportunity. If you have any questions regarding this scholarship, please contact [womenofpearlscaf@gmail.com](mailto:womenofpearlscaf@gmail.com).

**Scholarship packet must be postmarked by April 1<sup>st</sup>**

**Mail to:**

**Women of Pearls Community Action Foundation**

**Attn: Zina Williams Memorial Scholarship**

**PO Box 116781**

**Carrollton, TX 75011**

**SCHOLARSHIP APPLICATION**

**TO BE COMPLETED BY APPLICANT**

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Father's/Legal Guardian Name \_\_\_\_\_

Mother's/Legal Guardian Name \_\_\_\_\_

High School or College \_\_\_\_\_

Address of High School or College \_\_\_\_\_

Graduation Date \_\_\_\_\_ High School Awards Ceremony Date \_\_\_\_\_

College You Plan to Attend or Currently Attending \_\_\_\_\_

Proposed Field of Study \_\_\_\_\_

Occupational Goal \_\_\_\_\_

Community Involvement \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current School Activities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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