



**Dianne Elizabeth Taylor-Parker
&
Immediate Family Scholarship Award Fund**

In coordination with
**Alpha Kappa Alpha Sorority, Incorporated
Gamma Rho Omega Chapter**

Student Scholarship Application Form

Scholarship Award Amount: \$1,000

Eligibility Criteria:

1. Currently enrolled as a full-time student (12 credit hours or more) at Edward Waters University
2. Cumulative grade point average of 2.5 or higher

Instructions:

1. Please type or print legibly.
2. Turn in completed application with signature and all applicable documents.
3. Incomplete, inaccurate, or unsigned applications will not be considered.

Documents Required to be Submitted with Application:

1. Completed application form
2. Official transcript
3. Personal Essay (250 – 350 words)
 - Discuss your goals and field of study. Be sure to include extenuating circumstances that might contribute to your situation.
4. Two (2) Signed Letters of Recommendation
 - One recommendation must be from an EWU Advisor or Professor
 - One recommendation must be from a community member (non-relative)

Note: All required documents must be submitted with the application.

Application Deadline:

- Application and required documents must be **received** by November 22, 2025 in order to be considered.

Application Submission Information:

- Applications, official transcripts and other required documents must be emailed to detaylorparkerscholarship@gmail.com



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Personal Information:

Applicant Name: _____
Last Name First Name M.I.

Address: _____
Street Address

City State Zip Code

Home Phone: _____ Cell Phone: _____

Email Address: _____

Activities: *Please provide detailed information regarding your campus activities, community service you have provided, awards and recognitions you have received, and work experience, **while enrolled as a student at Edward Waters University**. Provide the requested information on additional paper, if required.*

College Activities: _____

Community Service: _____

Awards/Recognitions: _____

Work Experience: _____

Acknowledgment: I certify that the statements herein are true to the best of my knowledge. I grant permission for the information contained herein to be shared with the Scholarship Committee members and scholarship donor(s).

Applicant Signature: _____ Date: _____