



IVY ISLE FOUNDATION OF TEXAS 2023 SCHOLARSHIP APPLICATION

Scholarship awards are given annually based on merit, community service and financial need to high school students pursuing higher education at four-year institutions. Only African American female students attending high school in the city of Galveston, Texas are eligible to apply for the scholarships. Immediate relatives of foundation members are not eligible.

Please use the checklist below to ensure proper completion of all required documents.

Completed application form
Both student and parent/guardian signatures
Signed photo release consent form
Original high school transcript issued by the school
Two letters of recommendation submitted by persons other than relatives
Copies of acceptance letters, if available

Mail completed application to:

Ivy Isle Foundation
PO Box 3131
Galveston, Texas 77552

OR

Email Completed Application to:

ivy.isle.foundation@gmail.com

Applications must be submitted by Monday, April 24, 2023

Name _____

First

Middle

Last

Address _____ Zip _____

Email _____ Phone _____

Last 4 Digits of Social Security # _____ Birth Date _____

Parents /Guardian Information:

Name Email Phone

Name Email Phone

Current High School _____ From _____ To _____

Other High Schools attended in last 4 years _____

High School Counselor _____
Name Email Phone

Total in Graduation Class _____ Class Rank _____ Grade Point Average _____

TEST SCORES OPTIONAL → SAT Score _____ ACT Score _____

List all organizations including sports plus awards, offices held and community service.

Major field of study in college _____

<i>List colleges/universities you applied</i>	<i>Indicate status; Applied or Accepted</i>

I verify that all information on this application is accurate. I attend school in Galveston, Texas. I am not an immediate relative of any Ivy Isle Foundation member. I understand all information will be considered confidential and that completing this form does not indicate that I am a scholarship recipient.

APPLICANT'S SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE DATE

State why you should receive this scholarship?

Where do you see yourself in ten years?

*Alpha Kappa Alpha Sorority Incorporated
Beta Phi Omega Chapter
and
Ivy Isle Foundation of Texas*

Photo Release Consent Form

Student Name: _____ High School: _____

I hereby consent to participation in interviews, the use of quotes, and the taking of photographs, movies or videos of the student named above.

I also grant the right to edit, use and reuse said products in print, on the internet, and all other forms of media, whether electronic, print or digital and whether now known or hereafter existing.

I also hereby release Beta Phi Omega Chapter and Ivy Isle Foundation of Texas members from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian (if student is under 18):

_____ Date: _____

Address of Parent/Guardian: _____

OR

Signature of Student (if student is 18 or over):

_____ Date: _____

Address of Student: _____

MUST SIGN THIS FORM & RETURN WITH COMPLETED SCHOLARSHIP APPLICATION.