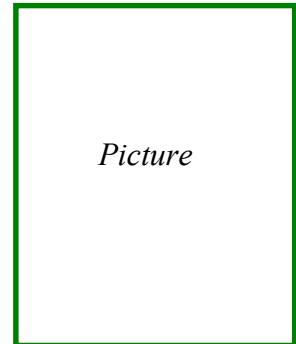




PEARLS Foundation, Inc.

2026 Scholarship Application

1. **Type all information**
2. **Affix signature and date** in applicable spaces
3. **Two (2) letters of recommendation on official letterhead** one (1) must be from a school faculty member.
4. **Attach a recent photograph that fits in the space provided.**
5. **Sealed Official Transcript**
6. **Community service project(s) with written description and signature of authorized supervising agent.**



NAME AND PERMANENT ADDRESS

Last Name	First Name	Middle Initial	Email Address #
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City	State	Zip Code
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RESIDENCY

How long have you lived in Broward County? _____

Mother's Name: _____ Father's Name: _____

Parental Information (Please check all that apply):

Mother Living in home Yes No Occupation: _____
 Father Living in home Yes No Occupation: _____
 Guardian Living in home Yes No Occupation: _____
 Other/Specify Living in home Yes No Occupation: _____

Number of siblings: _____ Annual Estimated Family Income: _____

Are your parents/guardians able to contribute to your college education? Yes No
If yes, indicate percent. _____ %. What is your anticipated college tuition? \$

HIGH SCHOOL DATA

High School Name	Graduation Date	Cumulative GPA
Street Address		Telephone
City	State	Zip Code
Graduation Date (mm/yyyy)		

HIGH SCHOOL & VOLUNTEER ACTIVITIES

HIGH SCHOOL & COLLEGE ATTENDANCY
Please record **all** information below that has occurred within the last four (4) years.
Supporting documentation may be attached. NO ORIGINAL DOCUMENTS

Club/Activity	Position	Year(s)	Awards

COMMUNITY SERVICE

COMMUNITY SERVICE

Community service project description with signed verification

Please write a description of the community service rendered. Include full address, nature of the service, and number of hours. Signature from supervisor required.



PEARLS Foundation, Inc.

COLLEGE DATA

Please list all schools that you have applied to and/or been accepted to. Include all copies of college acceptance letters received.

School(s) Name Applied	City	State	Letter of Acceptance	
			YES	NO

Anticipated Major: _____ Anticipated Graduation Date: _____

ACADEMIC REFERENCE

This applicant's achievement reflects his/her abilities.		EXCELLENT	GOOD	FAIR
This applicant sets realistic and attainable goals.		_____	_____	_____
This applicant demonstrates quality commitment to school and community.		_____	_____	_____
Faculty Position	Print Name/ Signature	Comments:		

WORK EXPERIENCE

Please record information below that has occurred within the last four (4) years. Supporting documentation may be attached. NO ORIGINAL DOCUMENTS

Employer	Position	From (Month/Year)	To (Month/Year)	Hours (Per Week)

EDUCATIONAL PLANS AND CAREER GOALS

Please type a 500 – 1000 word essay detailing your goals and how this scholarship will benefit your efforts.

CERTIFICATION

By signing this form, I verify that all of the information I have provided is true and correct. I understand that at any time, Alpha Kappa Alpha Sorority, Incorporated, Upsilon Xi Omega Chapter can rescind any rights or privileges to an applicant based on the submission of false information or documents.

Applicant's Signature

Date

DEADLINE: Application must be postmarked by **February 25, 2026**. Your scholarship application becomes valid upon receipt of all required documentation.

Please submit all documents to: **PEARLS Foundation, Inc.**
P.O. Box 17531 • Plantation, Florida 33318

PEARLS Foundation, Inc. is a 501(c)(3) non-profit organization whose charitable purpose is to promote excellence and render a legacy of service through educational empowerment and community outreach.