

ALPHA KAPPA ALPHA SORORITY, INC. ® LAMBDA CHI OMEGA CHAPTER



2025 SANDI SUMBRY SCHOLARSHIP

2025 Scholarship Award: \$1,000.00

Alpha Kappa Alpha Sorority, Incorporated® was founded in 1908 in Washington, D.C.

For 117 years, our membership continues to serve as leaders and change agents to improve quality of life throughout the globe in service to all mankind.

Ms. Sandi Sumbry (for whom the scholarship is named) has been a member of Alpha Kappa Alpha Sorority, Incorporated [®] for 61 years!

As Lambda Chi Omega Chapter was chartered on March 24,1978, Ms. Sumbry continues to serve as the only active charter member throughout the state of Hawai'i and the Pacific Islands.

Mahalo for applying to the 2025 SANDI SUMBRY SCHOLARSHIP.

The members of Lambda Chi Omega chapter wish you continued success in your collegiate endeavors.

Be certain to review the scholarship's Requirements and Guidelines Chart under Section VI (page 4).

Best of Luck!

Christine Montague-Hicks
Alpha Kappa Alpha Sorority, Inc.®

Lambda Chi Omega Chapter President Krista Ray Alpha Kappa Alpha Sorority, Inc.® Lambda Chi Omega Chapter Scholarship Chairman

Krista Kay



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IMPORTANT NOTE: pg. 2 and pg. 3 must be completed and submitted with application packet.

SECTION I: PERSONAL INFORMATION

FIRST NAME______ LAST NAME_____

STREET ______ STATE____ ZIP CODE_____

HOWL FHONL	CELL PHONE	BIR	THDATE		
EMAIL					
	SECTION II: SCHO	OOL INFORMATION			
HIGH SCHOOL (GRADI	UATED)				
HIGH SCHOOL GRADU	JATION DATE	CUM. HIGH SCHOOL G.P.A.			
COLLEGE	AN	_ ANTICIPATED MAJOR			
	SECTION III: PARI	ENT INFORMATION			
- A TI I F DI C / O I I A D D I A	N'S INFORMATION:				
-ATHER'S/GUARDIA	IN STATION.				
		_ LAST NAME			
FIRST NAME					
FIRST NAME		CITY	STATE		
FIRST NAME STREET (if different fro	om applicant)	CITY CELL PHONE_	STATE		
FIRST NAME STREET (if different fro ZIP CODE BIRTHDATE	om applicant) HOME PHONE	CITY CELL PHONE_	STATE		
FIRST NAME STREET (if different froz ZIP CODE BIRTHDATE MOTHER'S/GUARDIA	om applicant) HOME PHONE EMAIL	CITY CELL PHONE_	STATE		
FIRST NAME STREET (if different froz ZIP CODE BIRTHDATE MOTHER'S/GUARDIA FIRST NAME	om applicant) HOME PHONE EMAIL AN'S INFORMATION:	CITYCELL PHONE_	STATE		
FIRST NAME STREET (if different from the content of the co	om applicant) HOME PHONE EMAIL AN'S INFORMATION:	CITYCELL PHONELAST NAMECITY	STATE		



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SECTION IV: EXTRACURRICULAR ACTIVITIES

Activity/Organization	Position/Office Held	Year(s)
SECTION V: COMM	UNITY AND VOLUNTEER ACTI	 VITIES
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SECTION VI: SCHOLARSHIP REQUIREMENTS AND GUIDELINES

ELIGIBILITY	2025 graduating high school seniors (on Oahu) planning to attend College/University or Trade/Tech School in the 2025 academic year	
MINIMUM CUMULATIVE GPA	2.5	
MINIMUM COMMUNITY SERVICE HOURS	10 completed hours (must provide documentation upon request)	
WRITTEN REQUIREMENT	FULL TWO Page Essay (Font: Arial 12pt., Double-Spaced) <u>ESSAY QUESTION:</u> Select a challenging topic you consider most actionable amongst high school students and explain why.	
INTERVIEW	Applicant must be available for a phone interview in April 2025	
COLLEGE ADMISSION	Selected scholarship recipient must provide proof of enrollment into their College/University or Trade/Tech School	

A COMPLETE application packet must include the following:

- 1. Completed 2025 Sandi Sumbry Scholarship Application (pages 2 & 3 only).
- 2. Unofficial High School Transcripts may be submitted during the application process. Scholarship awardees will be required to submit Official transcripts upon request.
- 3. TWO Letters of Recommendation (Accepted from your teachers, counselors, principal or community members.
- 4. Essay (see details above under Section VI).

Application packets must be POSTMARKED no later than APRIL 5, 2025

Alpha Kappa Alpha Sorority, Inc. ® Lambda Chi Omega Chapter
Attn: 2025 SANDI SUMBRY SCHOLARSHIP
P.O. BOX 1792

Aiea, HI 96701

QUESTIONS?? Contact the Scholarship Committee at: AKAscholarships.Hl@gmail.com