



*Alpha Phi Alpha Fraternity, Inc.
Alpha Lambda Education Foundation*

*Academic Scholarship Application
2019 – 2020 Academic Year*

Deadline: December 4, 2018

Purpose: The Alpha Lambda Education Foundation offers scholarships to African-American males who plan to attend an accredited University/College. Applications are reviewed by the Fraternity's scholarship committee to recommend scholarship winners for the upcoming academic year.

Criteria: Eligible applicant will be a male high school senior of African-American descent planning to attend an accredited University/College for the 2019 – 2020 Academic Year. Eligibility also requires a minimal grade point average of 2.5 on a 4.0 scale and residence in the Metro Louisville area, and completion of the required essay. Late and/or incomplete application packets will not be considered.

Award: \$1,000.00

Applicant Packet Checklist:

- ✓ Completed Academic Scholarship Application
- ✓ High School Transcript
- ✓ Typed Essay, MLA Format, 500 word maximum, 12pt Font with One-Inch Margins (topics are located in the application)

Application Submission: Applicant should submit the completed application packet (see Application Packet Checklist) using one of the two options below.

- *Electronic.* Packet is submitted in one email with all items as attachments on or before 11:59 p.m. EST December 4, 2018 to:
alefscholarship@gmail.com
- *Mail.* Packet is submitted by mail postmarked or before December 4, 2018 to:
ATTN: ALEF Scholarship
Alpha Lambda Chapter
Alpha Phi Alpha
PO Box 1716
Louisville, KY 40201

Contact: Questions regarding the scholarship requirements or process should be directed to Alpha Lambda Scholarship at: alefscholarship@gmail.com

If Selected: Applicant(s) selected to receive the Alpha Lambda Education Foundation Academic Scholarship will be invited to attend the 2019 Hope Breakfast on January 21, 2019 and be recognized by the men of Alpha Phi Alpha Fraternity, Incorporated.

Proof of Registration: If selected to receive the Alpha Lambda Education Foundation Academic Scholarship, the applicant(s) will be required to produce a letter of acceptance an accredited University of College before the scholarship dollars are released.

Please print or type all the information on the application.

Basic Information			
Name:	Student's cell phone #	Phone # of parent/guardian:	
Address:	City:	State:	Zip Code:
Race:	Sex:	Age:	
Name of High School Attending			
School Name:	Unweighted G. P. A.	On a Scale of:	
	Weighted G. P. A.	On a Scale of:	
	Composite ACT Score	Composite SAT Score	
Address:	City:	State:	Zip Code:
Extracurricular Activities			
High School Activities:	Teacher/Coach Name(s):		
Offices Held:	Teacher/Coach Contact Number(s):		
Community Activities:	Activity Coordinator Name(s):		
Offices Held:	Activity Coordinator Contact Number(s):		
Church or Religious Activities (Give name of church):	Activity Coordinator Name(s):		
Offices Held:	Activity Coordinator Contact Number(s):		
Hobbies:			
Did you participate in Alpha Academy through Kammerer Middle School? If so, please list the year(s):			
College/University planning to attend:		Major:	
Scholarship Deliverables (to be completed by applicant) (Information in this section should be submitted as an attachment)			
1. Completed Academic Scholarship Application 2. High School Transcript 3. Typed Essay, MLA Format, 500 words, 12pt Font with One-Inch Margins. Choose one of the four topics below to respond to: <ul style="list-style-type: none"> I Am My Ancestors' Wildest Dreams This is What Success Looks Like for Me Why MLK's Work has Given Me Hope Why Going to College is Important for African American Men 			

Student Certification

Statement of Applicant:

I, _____ certify that I meet the qualifications for this scholarship , that I will be a full-time student at a College/University during the 2019-2020 academic year and that the information submitted with this application is duly accurate.

Signature of Applicant:

Date:

Parent/Guardian Information and Consent (if under 18 years of age)

Name of Parent (s) or Guardian(s)

Telephone #

Address

City

State

Zip Code

Statement of Parent or Guardian:

I, _____ have read the application in full and hereby state that, with my consent,
_____(student's name) is applying for the Alpha Phi Alpha Fraternity Incorporated's
Education Foundation Scholarship.

Signature of Parent or Guardian:

Date:

Relationship to Applicant: