



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

*Academic Scholarship Application  
2023 – 2024 Academic Year*

**Deadline: December 4, 2022**

**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(s) will be a male high school senior of African American descent planning to attend an accredited University/College for the 2023 – 2024 Academic Year. Eligibility also requires a minimal grade point average of 2.5 on a 4.0 scale, residence in Metro Louisville, 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
- ✓ Headshot Photograph of the Applicant Wearing a Dress Shirt, Tie, and Jacket (Mobile Cellular Phone Quality is Okay)
- ✓ Completed W9 Form
- ✓ 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 the option below.

- *Electronic.* Packet submitted in one email with all items as attachments on or before 11:59 p.m. EST December 4, 2022 to:  
[alefscholarship@gmail.com](mailto:alefscholarship@gmail.com) (\*Note, special consideration will be given to early submissions)

**Contact:** Questions regarding the scholarship requirements or process should be directed to Alpha Lambda Scholarship at: [alefscholarship@gmail.com](mailto:alefscholarship@gmail.com)

**If Selected:** Applicant(s) selected to receive the Alpha Lambda Education Foundation Academic Scholarship will receive a complimentary ticket (+1 guest) to attend the 2023 Hope Breakfast on January 16, 2023 and be recognized by the men of Alpha Phi Alpha Fraternity, Incorporated. Additional tickets may be purchased until the event is sold out.

\*Due to the COVID-19 Pandemic, the event may be hosted using a virtual alternative. Applicant(s) selected to receive a scholarship award will be expected to participate – including cooperating with the planning committee with adjustments to accommodate a virtual alternative.

**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* and a copy of their *class schedule for the Fall 2023 semester* as proof of registration to an accredited University or College. Class registration will be verified before the scholarship dollars are released. Failure to provide this information by August 4, 2023 will result in forfeiting the scholarship award and will require no further communication from the Alpha Lambda Education Foundation or the applicant(s) regarding the scholarship award.

**Please print or type all the information on the application.**

**Basic Information**

Name:	Student's Cell Phone #	Student's Email Address:	
Address:	City:	State:	Zip Code:
Race:	Sex:	Age:	

**Name of High School Attending**

School Name:  Counselor's Name:  Counselor's Email Address:	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:  Offices Held:	Teacher/Coach Name(s):  Teacher/Coach Contact Number(s):
Community Activities:  Offices Held:	Activity Coordinator Name(s):  Activity Coordinator Contact Number(s):
Church or Religious Activities (Give name of church):  Offices Held:	Activity Coordinator Name(s):  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:
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**Scholarship Deliverables (to be completed by applicant)  
(Information in this section should be submitted as an attachment)**

1. Completed Academic Scholarship Application
2. Headshot Photograph of the Applicant Wearing a Dress Shirt, Tie, and Jacket (Mobile Cellular Phone Quality is Okay)
3. Completed W9 Form
2. High School Transcript
3. Typed Essay, MLA Format, 500 words, 12pt Font with One-Inch Margins. Responding to the following prompt:
  - Why MLK's Work has Given Me Hope (include your favorite MLK quote)

## 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 2023-2024 academic year and that the information submitted with this application is duly accurate.

Signature of Applicant:

Date:

## Parent/Guardian Information and Consent

Name of Parent (s)/Guardian(s)

Cell Phone # of Parent(s)/Guardian(s)

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  
Alpha Lambda Education Foundation Academic Scholarship.

Signature of Parent or Guardian (if under 18 years of age):

Date:

Relationship to Applicant:



Alpha Phi Alpha Fraternity, Incorporated  
Alpha Lambda Chapter  
Alpha Lambda Education Foundation

## PHOTO/VIDEO CONSENT FORM

Please complete this form and email it along with a headshot of the Applicant wearing a dress shirt, tie, and jacket (mobile cellular phone photo quality is okay) to [alefscholarship@gmail.com](mailto:alefscholarship@gmail.com). Scholarship recipient headshots/photos will be displayed during our Annual MLK Hope Breakfast.

I, the undersigned, voluntarily consent to be photographed and/or videotaped. I understand that the intended use of the photograph/video tape(s) is for publicity, education or public information efforts for the Alpha Lambda Chapter of Alpha Phi Alpha Fraternity, Inc. (AL) and the Alpha Lambda Education Foundation (ALEF) for print and the Internet. I authorize any such use, by or on behalf of AL or ALEF, of the photograph/video tape(s) and understand that I will not be paid or compensated by AL or ALEF in any way for the taking or lawful use of any photograph/video tape(s).

I hereby release and discharge AL and ALEF, its members, agents and representatives from any claims, liability or results caused by the lawful use of said photograph/video tape(s) of me, which I have now voluntarily authorized as a gift to AL and ALEF.

Scholarship Applicant Printed Name: \_\_\_\_\_

Scholarship Applicant Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date: \_\_\_\_\_

