

**ALPHA PHI ALPHA FRATERNITY, INC.
SCHOLARSHIP ELIGIBILITY AND REQUIREMENTS**

ELIGIBILITY:

1. The applicant must be a student who is a graduating high school senior. The applicant must be a resident in Pine Bluff and Jefferson County and attend a school in the Pine Bluff and Jefferson County, Arkansas area.
2. The applicant has or will enroll as a full time college student at a two or four year college or university by August 2024 with at least a 2.5 grade point average.
Note: Legacy Scholarship may have additional criteria as listed by the donor.
3. The applicant must provide proof of acceptance **AND** enrollment in a two or four year college or university. Upon receipt of proof, the scholarship may be awarded directly to the College on behalf of the recipient or directly to the recipient.

REQUIREMENTS:

1. The applicant must provide **ALL** of the following:
 - a. Completed application.
 - b. An official transcript that includes the applicant's grade point average. The transcript must be provided in a sealed envelope from the school providing the transcript **AND** it must be included with the completed application materials.
 - c. **TWO letters of recommendation (one from a school official such as a principal, assistant principal, guidance counselor, or current teacher)**, and one from a community-based organization or church (letters from relatives are strictly prohibited).
 - d. Proof of **enrollment** in a two or four year college or university should you be selected to receive a scholarship. **Scholarship funds will not be disbursed until proof of enrollment (e.g. registrar's receipt) is received by the Delta Sigma Lambda Chapter of Alpha Phi Alpha Fraternity, Inc.**
 - e. A 500-word Essay on your educational and career goals.
 - f. Sons or male dependents of members of the Delta Sigma Lambda Chapter of Alpha Phi Alpha Fraternity Inc. are not eligible to apply for the Scholarship.

g. High Quality Photo

Please provide a high-quality photo of passport size or larger. No photo proofs will be accepted, and applicant must be alone in the photo. Senior class photos, or professional headshots are preferred.

DEADLINE: Friday, December 1, 2023. Call James Word 870-329-4738.

Completed application returned to: 301 East 2nd Avenue, Pine Bluff, AR or P. O. Box 3159, Pine Bluff, AR 71611 or contact James Word.

**ALPHA PHI ALPHA FRATERNITY INC.
DELTA SIGMA LAMBDA CHAPTER
SCHOLARSHIP APPLICATION**

1. PERSONAL INFORMATION

NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

NAME OF PARENT OR GUARDIAN _____

2. SCHOOL INFORMATION

NAME OF HIGH SCHOOL _____ GPA _____

NAME OF COLLEGE ATTENDING _____

ADDRESS OF COLLEGE _____

CONTACT PERSON AT COLLEGE ATTENDING _____

CONTACT PERSON'S PHONE NUMBER _____

SCHOLASTIC AWARDS OR HONORS _____

3. ACTIVITIES

General extra-curricular activities and community organization affiliations. (This includes church related activities. Please attach extra sheets if needed)

4. EDUCATIONAL OBJECTIVE

MAJOR: _____

CAREER GOAL(S): _____

5. WORK AND RESIDENCE INFORMATION

Do you plan to work during your college years? Yes _____ No _____

Where do you plan to live during your first year of college? _____

6. In applying for this scholarship, what is your most significant financial need?

Certification of Applicant and Parent/Guardian:

I certify that all the information provided is true and correct to the best of my knowledge. I understand that false submittal or withholding of information may disqualify my child from any consideration of the scholarship. If selected as a recipient of the scholarship, I consent that Alpha Phi Alpha Fraternity, Inc. Delta Sigma Lambda will be allowed to publicize the award.

Signature of Applicant: _____ Date: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Permission and Liability Waiver for Scholarship Recipients/Applicants

I _____ grant permission for my likeness, (PRINT STUDENT NAME) in all forms, to be used in all media, including but not limited to photographic images and video on Alpha Phi Alpha Fraternity, Inc./Delta Sigma Lambda Chapter and Southeast Arkansas Jewel Foundation promotional materials. Such promotional materials may include, but not be limited to Website, Brochures, E-Newsletters and print mediums. I expect absolutely no compensation for the use of my likeness in these promotional materials.

I release all claims for copyright or ownership. Furthermore, I authorize to use my likeness, in all forms, including but not limited to name, voice, image, and biography for publicity or promotion without any compensation or payment being made for any such use or further use thereof on an unlimited basis, in all markets and in all media now known or hereafter created. I have read the release and waiver of liability and fully understand its consent. I voluntarily agree to the terms and conditions stated above.

(Student Signature) (Date)

If Participant is Under 18 (must be at least 17 years of age):

I, _____ as legal guardian of _____,
(print guardian name) (print student name)

consent to the above listed terms and conditions.

Parent/Guardian Signature: _____ Date: _____