



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

**Academic Scholarship Application
2025 – 2026 Academic Year**

Deadline: December 6, 2024



Purpose: The Alpha Lambda Education Foundation offers scholarships to African-American and Latino males who plan to attend an accredited University/College. Applications are reviewed by the Foundation'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 or Latino descent planning to attend an accredited University/College for the 2025 – 2026 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 Applicant Wearing a Dress Shirt, Tie, and Jacket (Cellphone quality is permissible)
- ✓ Completed W9 Form
- ✓ High School Transcript
- ✓ Typed Essay, MLA Format, 500 Word Maximum, 12pt Font with One-Inch Margins (the topic is 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 6, 2024 to: ALEFBoard@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: ALEFBoard@gmail.com

If Selected: Applicant(s) selected to receive the Alpha Lambda Education Foundation Academic Scholarship will receive a complementary ticket (+1 guest) to attend the 2025 Hope Breakfast on January 20th, 2025 and be recognized by the men of Alpha Phi Alpha Fraternity, Incorporated. Additional tickets may be purchased until the event is sold out.

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 2025 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 11, 2025** may result in forfeiting the scholarship award with or without further communication from the Alpha Lambda Education Foundation or the applicant(s) regarding the 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:		Unweighted G. P. A.	On a Scale of:
Counselor's Name:		Weighted G. P. A.	On a Scale of:
Counselor's Email Address:		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:
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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 2025-2026 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 (Cellphone photo quality is permissible) to ALEFBoard@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), and my name, image and likeness is for publicity, education or public information efforts for the Alpha Lambda Chapter of Alpha Phi Alpha Fraternity, Inc. (ΑΑ) and the Alpha Lambda Education Foundation (ALEF) for print and the internet. I authorize any such use, by or on behalf of ΑΑ or ALEF, of the photograph/video tape(s), and my name, image and likeness. I understand that I will not be paid or compensated by ΑΑ or ALEF in any way for the taking or lawful use of any photograph/video tape(s), and my name, image and likeness.

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

