



Alpha Phi Alpha Educational Scholarship Foundation, Inc.

Delta Delta Lambda Chapter of Alpha Phi Alpha Fraternity, Inc.

2024 Grant and Scholarship Application

Dear Applicant:

Thank you for your interest in the Alpha Phi Alpha Educational Foundation Scholarship. To be eligible for this scholarship, you must meet the prerequisites and complete the guidelines contained in this application. All applications must be completed by May 1, 2024.

Prerequisites:

1. A high school graduate of the 2024 academic year
2. Intend to use funds towards education at accredited institution of higher learning

Guidelines:

1. Complete the attached application.
2. A resume listing supporting scholastic and academic honors (awards, prizes, etc), extra-curricular activities, community/volunteer experience(s), and employment (if any).
3. Letter of Interest: single spaced, not to exceed two pages, stating your interests, describing your character, supporting acts of

kindness/community service, and/or religious activities you currently participate in. Describe your plans for the future, and why/how you feel African Americans are influence our society.

4. Two (2) letters of recommendation.

5. An official high school transcript (must be in sealed envelope).

Procedure:

1. Complete the entire application as listed in guideline section.

2. Type or print neatly in black or blue ink.

3. Provide accurate and current information.

4. Email to jaywilk1@yahoo.com OR

5. Mail completed application to:

Delta Delta Lambda Chapter

P.O. Box 866

West Palm Beach, FL 33401

Applicant Information									
Last Name				First				M.I.	
Street Address							Apartment /Unit #		
City				State				Zip	
Phone				Email Address					
Education									
High School				Address					
From mm/yy		To mm/yy		Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	GPA(out of 4.0 scale)		
References									
<i>Please list three references.</i>									
Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									
Full name				Relationship					

Company		Phone	
Address			

Disclaimer and Signature	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to a scholarship award or grant, I understand that false or misleading information on my application or interview may result in disqualification.	
Signature	Date