

Gamma Theta Lambda  
Education Foundation, Inc.

SCHOLARSHIP APPLICATION

1. NAME: \_\_\_\_\_  
(First) (Middle) (Last)

2. ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

3. PHONE: \_\_\_\_\_

4. DATE OF BIRTH: \_\_\_\_\_

5. SCHOOL PRESENTLY ATTENDING: \_\_\_\_\_

6. SCHOOL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

7. GUIDANCE COUNSELOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

8. HIGH SCHOOL GRADE POINT AVERAGE: \_\_\_\_\_

- CIRCLE THE APPROXIMATE LETTER VALUE FOR THE AVERAGE CITED ABOVE:  
A A+ B+ B B- C+ C C-
- COLLEGE BOARD SCORES (SAT) \_\_\_\_\_ VERBAL: \_\_\_\_\_ MATH: \_\_\_\_\_
- RANK IN CLASS: \_\_\_\_\_ OUT OF \_\_\_\_\_

ALL APPLICANTS ARE **REQUIRED** TO SUBMIT A RECENT OFFICIAL COPY OF THEIR TRANSCRIPTS TO VERIFY THE ABOVE INFORMATION.

9. LIST ANY ACADEMIC HONORS OR ACHIEVEMENTS RECEIVED DURING HIGH SCHOOL.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. LIST THOSE SCHOOL ORGANIZATIONS THAT YOU PARTICIPATED IN DURING HIGH SCHOOL INCLUDE DATES OF PARTICIPATION AND ANY POSITIONS HELD.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. LIST ANY COMMUNITY OR CHURCH AFFILIATED INVOLVEMENT OUTSIDE OF SCHOOL. INCLUDE ANY POSITIONS HELD AND YEAR OF INVOLVEMENT.

\_\_\_\_\_

\_\_\_\_\_

12. NAME OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_ FATHER

\_\_\_\_\_ MOTHER

OCCUPATIONS OF PARENT/GUARDIAN

\_\_\_\_\_ FATHER

\_\_\_\_\_ MOTHER

EMPLOYER

\_\_\_\_\_ FATHER

\_\_\_\_\_ MOTHER

13. NUMBER OF BROTHERS AND SISTERS: \_\_\_\_\_ AGES: \_\_\_\_\_

14. LIST THE NAMES OF THE COLLEGES TO WHICH YOU HAVE APPLIED:

NAME OF COLLEGE:

LOCATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. HAVE YOU BEEN ACCEPTED \_\_\_\_\_ YES \_\_\_\_\_ NO

16. WHERE ARE YOU PLANNING TO ATTEND? \_\_\_\_\_

17. WHAT COURSE OF STUDY WILL YOU PURSUE IN COLLEGE?

\_\_\_\_\_

18. WHAT IS YOUR EVENTUAL CAREER CHOICE?

\_\_\_\_\_

19. ITEMIZE YOUR EXPENSES FOR YOUR FIRST YEAR OF COLLEGE. ESTIMATE IF NECESSARY.

- A. TUITION: \_\_\_\_\_
- B. BOARD: \_\_\_\_\_
- C. ROOM: \_\_\_\_\_
- D. BOOKS & FEES: \_\_\_\_\_
- E. LAUNDRY/CLEANING: \_\_\_\_\_
- F. CLOTHING: \_\_\_\_\_
- G. TRANSPORTATION: \_\_\_\_\_
- H. OTHER ITEMS: \_\_\_\_\_
- TOTAL: \_\_\_\_\_

18. WHAT RESOURCES DO YOU HAVE FOR COVERING YOUR COLLEGE EXPENSES?

- A. PERSONAL SAVINGS: \_\_\_\_\_
- B. SUMMER EMPLOYMENT: \_\_\_\_\_
- C. PARENTAL CONTRIBUTION: \_\_\_\_\_
- D. OTHER FINANCIAL AID (PLEASE SPECIFY): \_\_\_\_\_

TOTAL: \_\_\_\_\_

19. PROVIDE THE NAMES AND ADDRESSES OF THREE PERSONS IN RESPONSIBLE POSITIONS WHO CAN ATTEST TO YOUR PERSONAL CHARACTER, ABILITIES, AND QUALIFICATIONS. AT LEAST ONE OF THESE REFERENCES SHOULD NOT BE ASSOCIATED WITH YOUR SCHOOL.

PERSON ONE: \_\_\_\_\_

PERSON TWO: \_\_\_\_\_

PERSON THREE: \_\_\_\_\_

ON A SEPARATE SHEET, PLEASE STATE IN 100 TO 200 WORDS WHY YOU FEEL YOU SHOULD BE CONSIDERED FOR THE ALPHA PHI ALPHA FRATERNITY SCHOLARSHIP. PLEASE BE SURE TO INCLUDE THIS ESSAY WITH YOUR APPLICATION.

I CERTIFY THAT THE INFORMATION CITED HEREIN, AND WHICH I AUTHORIZE YOU TO VERIFY IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

THE INFORMTION SUPPLIED BY THE APPLICANT WILL BE HELD IN THE STRICTEST CONFIDENCE AND WILL BE SHARED ONLY WITH THOSE PERSONS DIRECTLY INVOLVED WITH THE SCHOLARSHIP SELECTION PROCESS.

RETURN THIS FORM BY NO LATER THAN \_\_\_\_\_ April 1, 2008 \_\_\_\_\_

**SCHOLARSHIP CHAIRMAN  
GAMMA THETA LAMBDA  
EDUCATION FOUNDATION, INC  
P.O. BOX 25209  
WILMINGTON, DE 19899-5209**