

2020 YOUNG MEN'S SCHOLARSHIP APPLICATION

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DATE _____

PERSONAL INFORMATION

NAME _____ DATE OF BIRTH _____
FIRST M.I. LAST MONTH DAY YEAR

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE # _____ E-MAIL: _____

HIGH SCHOOL _____ GRADUATION DATE _____

FAMILY INFORMATION

PARENT/GUARDIAN NAME(S) _____

ADDRESS (if different than Student) _____
Street City State

PARENTS: (CHECK ALL THAT APPLY) Both Living Father Deceased Mother Deceased
 Married Divorced Separated

NUMBER OF FAMILY MEMBERS IN HOUSEHOLD Brothers Sisters Others

NUMBER OF FAMILY MEMBERS CURRENTLY ENROLLED IN COLLEGE: _____

FATHER	MOTHER	GUARDIAN
PARENT'S OCCUPATION _____	_____	_____

FINANCIAL INFORMATION

DID YOU FILE THE *Free Application for Federal Student Aid (FAFSA)*? (Yes/No) _____

If **Yes**, submit a copy of the most recent FAFSA Student Aid Report with this application.

HIGHER EDUCATION INTERESTS

NAME AND ADDRESS OF SCHOOLS APPLIED TO:

Name of School	Address (City, State)	Application Submitted? (Yes/No)	Acceptance Received? (Yes/No)*

* Provide a copy of the Letter of Acceptance

PROPOSED MAJOR SUBJECT/FIELD OF STUDY? _____

WHAT IS YOUR CAREER OBJECTIVE? _____

SCHOLASTIC and COMMUNITY INVOLVEMENT

LIST SCHOOL-RELATED EXTRACURRICULAR ACTIVITIES [Identify year(s), name of the activity, leadership position served; provide a Continuation Page, if necessary]

LIST COMMUNITY ACTIVITIES [Identify year(s), name of the activity, leadership position served; provide a Continuation Page, if necessary]

AWARDS and HONORS

LIST AWARDS and HONORS received [Identify year(s), name of the award or honor, and explain the achievement; provide a Continuation Page, if necessary]

Did you attend the ALPHA ACADEMY MENTORING PROGRAM during 2019 -2020? Yes ___
No ___ If **YES**, briefly describe how the program benefited you?

PERSONAL STATEMENT

Briefly explain how this scholarship will assist your academic and career goals. **Attach your typed statement on a separate page.** [Format: ½ - 1 page; TIMES NEW ROMAN, single-space, 12-pitch, 1" margins]

I fully understand the Eligibility Criteria and application procedures and confirm that the information I have supplied is complete and correct.

Signature of Student Applicant Date

Signature of Parent or Legal Guardian Date

Return Application Package to:
Eta Eta Lambda Foundation, Inc.
ATTN: Scholarship Committee
2435 Heath Aster Court
Odenton, Maryland 21113

Checklist of Required Documents:
___ Completed and Signed Application (3 pages)
___ Current Academic Transcript (*Sealed*)
___ Copy of Letters of Acceptance from Colleges
___ Copy of 2019 FAFSA Student Aid Report
___ Personal References (2)
___ Personal Statement

All documents must be received by Friday, MARCH 20, 2020. A confirmation e-mail message will be returned to acknowledge receipt of your application package.