

2017 YOUNG MEN'S SCHOLARSHIP APPLICATION

This is a fillable-PDF file. Data may be entered by using ADOBE "ACROBAT" or "READER" software. Download a no-fee copy of ADOBE READER from <https://get.adobe.com/reader/>

DATE _____

PERSONAL INFORMATION

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

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE # _____ E-MAIL: _____
(OPTIONAL)

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 ___ Other

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) _____

TOTAL HOUSEHOLD INCOME * \$ _____

***Please provide copies of all 2016 W-2s for the student and parents or legal guardian. Do not provide the complete IRS-1040 Tax Report.**

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 2016-2017? 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.**

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

Signature of Student Applicant Date

Signature of Parent or Legal Guardian Date

Return Application Package to:
Alpha Phi Alpha Fraternity, Inc.
ATTN: Scholarship Committee
2435 Heath Aster Court
Odenton, Maryland 21113

- Checklist of Required Documents:**
- ___ Complete and Signed Application (3 pages)
 - ___ Current Academic Transcript (*Sealed*)
 - ___ Copy of Letters of Acceptance from Colleges
 - ___ Copy of 2016 Form W-2s (Student & Parents)
 - ___ Personal References (2)
 - ___ Personal Statement

All documents must be received by Friday, MARCH 17, 2017. A confirmation e-mail will be returned to acknowledge receipt of your application package.