Alpha Phi Alpha Fraternity, Inc.
Zeta Tau Lambda Chapter
Scholarship Application Instructions

Dear Scholarship Applicant:

The Zeta Tau Lambda Chapter of Alpha Phi Alpha Fraternity Inc. invites you to apply for a $1,000.00 scholarship. This financial aid can be applied toward your tuition, the purchase of textbooks, or other expenses at the institution of your choice. Individuals who are planning to attend a four-year college, community college, or vocational/technical school in the Fall of 2023 are eligible to apply. **All applicants must be graduating high school seniors.** Failure to provide **ALL** of the required documentation will cause your application to be disqualified.

Applicant eligibility will be determined according to the following criteria:

1. Applicant must be an underserved minority male (African American, Hispanic, Native American or Asian) who is a graduating high school senior in North and Mainland Galveston County or the Clear Lake/Bay Area and plans to continue his education in the Fall of 2023.
2. **A completed application must be sent to the Zeta Tau Lambda Chapter, postmarked no later than the designated deadline of February 28, 2023. Applicants should keep a photocopy of all materials submitted.**
3. An official copy of your **high school transcript** must be submitted.
4. Two (2) **letters of recommendation** must be submitted. One must be written by a teacher or school official. The other can be written by an adult from the community, including school personnel. Recommendations from personal friends or relatives cannot replace neither of the two (2) required letters.
5. The application and all supporting materials should be forwarded to:

   Electronically send to:
   Clarence.porter34@gmail.com and crankin15@hotmail.com
   Paper applications send to:
   Zeta Tau Lambda Chapter
   Alpha Phi Alpha Fraternity, Inc.
   P. O. Box 162
   League City, TX, 77574.

6. **All applicants must attend Scholarship interviews on March 25, 2023.**
7. **Failure to attend interviews will disqualify the applicant.**
8. Applicant's financial need, community service and participation in school activities will be considered.

   Scholarship recipients must provide **proof of admission** to educational institutions.

Recipients will receive an official award letter from the Zeta Tau Lambda Educational Foundation to show proof of scholarship. **All checks will be sent to the educational institution to be credited to the recipients account.**

Yusef Burress
Chapter President

Clarence Porter, II
Scholarship Chairman

Alpha Phi Alpha Fraternity, Inc.
Zeta Tau Lambda Chapter
Scholarship Application

PART I - PERSONAL INFORMATION

Legal name _____
Last First Middle Initial

Sex _____ Social Security # _____ Date of Birth _____

Home Address _____
Number and Street

_____
City State Zip Code

Home Telephone # _____ Cell Phone # _____

Name of High School Attending _____

Name of university, college, or vocational/technical school(s) you have applied to _____

_____

_____

_____

Area of academic concentration _____

Career or professional plans _____

Employment - List any full-time or part-time employment _____

_____

_____

Parents'/Guardians' Names _____

List any relatives who are members of a Greek letter organizations (and organization name):

_____

_____

PART 11 - EDUCATION

We would like to know you better! Please list things that you have done and things that like to do. Feel free to include clubs, athletics, community activities, and church activities-whatever comes to mind. Describe your involvement in some of these activities (time spent in the activity, purpose of the organization, your specific role, etc.). You may use the back of the application pages, if needed.

1. **SCHOLASTIC ACHIEVEMENTS** – honors, awards, official recognition, leadership roles

2. **EXTRACURRICULAR ACTIVITIES** - List any non-academic activities in which you have participated in the community or while in school.

3. **WHY ARE YOU APPLYING FOR THIS SCHOLARSHIP?**

Class Rank _____ Cumulative GPA _____

SAT Scores: _____/_____ PSAT_____/_____

Act Scores _____/_____

Applicant Signature _____ Date _____

Counselor Signature_____ Date_____