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**ALPHA PHI ALPHA FRATERNITY, INC.,**

**BETA LAMBDA EDUCATION INSTITUTE (BLEI)**

**P. O. BOX 300221**

**KANSAS CITY, MO 64130**

**DIRECTIONS: PLEASE PRINT, ANSWER ALL QUESTIONS FULLY AND SIGN PAGE TWO**

**ATTACH ADDITIONAL PAGE(S) AS REQUIRED**

**PART 1: STUDENT INFORMATION**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_C-PHONE\_\_\_\_\_\_\_\_\_\_H-PHONE\_\_\_\_\_\_\_\_\_\_EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LAST FIRST MI**

**ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **STREET CITY STATE ZIP COUNTY**

**PARENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_C-PHONE\_\_\_\_\_\_\_\_\_H-PHONE\_\_\_\_\_\_\_\_EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**/GUARDIAN LAST FIRST**

**PART 2: HIGH SCHOOL APPLICANT**

**SCHOOL NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHOOL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **STREET CITY STATE ZIP COUNTY**

**CREDITS COMPLETED\_\_\_\_\_CUMULATIVE GPA\_\_\_\_\_ACT SCORE\_\_\_\_\_DATE\_\_\_\_\_\_\_SAT SCORE\_\_\_\_DATE\_\_\_\_\_\_\_**

**PART 3: FINANCIAL INFORMATION—LIST ALL FINANCIAL ASSISTANCE YOU WILL RECEIVE FROM ALL SOURCES**

**GRANTS $\_\_\_\_\_\_\_LOANS $\_\_\_\_\_\_\_ SCHOLARSHIP $\_\_\_\_\_\_\_ OTHERS $\_\_\_\_\_\_\_\_ TOTAL $\_\_\_\_\_\_\_\_\_\_\_**

 **HOUSEHOLD INCOME BASED ON GROSS INCOME FROM LAST YEAR**

 **PARENT/GUARDIAN $\_\_\_\_\_\_\_\_\_\_\_\_\_ OTHERS &\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PART 4: OTHER INFORMATION -- DATE YOU WILL ENTER COLLEGE: MONTH\_\_\_\_\_\_\_\_\_ YEAR \_\_\_\_\_\_\_\_**

**LIST COLLEGE(S) APPLIED TO: (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INTENDED: MAJOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MINOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EXTRACURRICULAR ACTIVITIES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**COMMUNITY ACTIVITIES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\*\*Scholarship will be awarded after the recipient has officially enrolled in college by the fall of calendar year in which scholarship is awarded. BLEI scholarship financial award will be sent directly to the scholarship recipient upon receipt of confirmation that the student is enrolled as a fulltime student from the college registrar. \*\***

**APPLICANT REQUIRMENT FORM**

I understand there are three requirements I must complete to receive a scholarship from Alpha Phi Alpha Fraternity, Inc., Beta Lambda Educational Institute:

1. Prepare performance goals in personal, educational, community service, and career areas, to act as a basis for counseling by the advisory committee.
2. Include an official high school transcript and three letters of recommendation.
3. Meet with the Advisory Committee for scheduled interview sessions.

I also hereby authorize the release of information contained in this application package for processing purposes.

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed \_\_\_\_\_\_\_\_\_\_\_

Why do you think you should be selected to receive a scholarship from Alpha Phi Alpha Fraternity, Inc., Beta Lambda Educational Institute? (Please limit your response to 150 words but include goals in personal, educational, community service, and career areas.) Use a separate sheet of paper if necessary.

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

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-------------------------------------------DO NOT WRITE BELOW THIS LINE---------------------------------------

Overall Committee Evaluation:

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

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Date of Evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Members Present:

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

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