Alpha Phi Alpha, Inc.
GAMMA LAMBDA EDUCATION FOUNDATION

P.O. Box 441763 Detroit, MI 48244 www.1906glef.org

Application for Scholarship

About You:

Name:(Last/First/Middle)_____

Address: _____ **City:** _____ **Zip** _____

Phone:_____ **Age:** _____ **Date of Birth:** _____ **E-mail address** _____

Parent/Guardian Name: _____Phone:_____

About Your High School:

Name: _____ **Address:** _____

Telephone Number: _____ **City, State Zip**:_____

Date you expect to graduate from high school: _____ **Counselor's Name**: _____

About Your Grades and Extracurricular Activities:

Accumulative Grade Point Average: _____ _____ _____ _____ **Class Rank**_____ **Class Size**: _____

9th Grade 10th Grade 11th Grade 12th Grade

Extracurricular Activities in which you participated:

1. _____ 2. _____3. _____

Your community involvement:

1. _____2. _____3. _____

About Your Plans for the Future:

College you plan to attend: _____**City/State**_____

Professional Goal: _____ **Social Media Accounts** _____ _____

The Agreement

If I am selected to receive a scholarship, I understand that I will be required to participate in the scholarship program and all related activities **scheduled** by the Foundation. **I understand that it is my responsibility to notify the Foundation on any conflicts in a timely manner. My failure to participate and/or communicate may disqualify me for the scholarship or reduce the amount of scholarship**.

Signature: _____ Date: _____

Application must be received by the Foundation by midnight March 27, 2027