



**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: \_\_\_\_\_

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**About Your High School:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

Date you expect to graduate from high school: \_\_\_\_\_ Counselor's Name: \_\_\_\_\_

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**About Your Grades and Extracurricular Activities:**

Accumulative Grade Point Average: \_\_\_\_\_ Class Rank \_\_\_\_\_ Class Size: \_\_\_\_\_  
10<sup>th</sup> Grade 11<sup>th</sup> Grade 12<sup>th</sup> 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: \_\_\_\_\_

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**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 March 15, 2024***