**Instructions for Completing the Application:**

1. Application is to be completed by the applicant by typing or printing clearly using black ink.
2. Three or more scholarships valuing 1000.00 each will be awarded.
3. Attach the following to the completed application:
	1. Three (3) character reference letters.
	2. Certified copy of transcript of courses completed through first semester of senior year (including SAT or ACT scores).
	3. A biographical statement including education background, financial need, and any other pertinent information about yourself.
	4. On a separate sheet of paper write (or type) a paper (no more than 1 page) on the following topic: “How this scholarship will help me further my career goals.”
	5. The committee must have a copy of your completed application along with a certified copy of your high school transcript on or before March 2nd, 2018.
4. The scholarship applicant must be willing to appear before the Scholarship Committee for a personal interview, if an interview is requested.
5. Winners will be judged on the basis of their secondary school records, GPA, personal qualifications, and results of SAT/ACT tests, citizenship, leadership, and financial need. **All information is kept confidential.**
6. Scholarship recipient must attend an accredited technical college, four year college or university of his or her choice. Applicant must gain admission to the college/university before scholarship is granted.
7. The scholarship recipient should notify the Scholarship Committee in writing when he or she is enrolled in school. A scholarship award of **1000.00** will be issued directly to the scholarship recipient.
8. Send completed application packet to:

**Scholarship Committee**

**ALPHA PHI ALPHA FRATERNITY, INC.**

**P.O. Box 240**

**Anderson, SC 29622**

 **The application must be received by March 2nd, 2018**

**Please print or type :( Use Black Ink)**

Name (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MI) \_\_\_

Sex: M\_\_\_\_\_\_\_\_\_\_ F\_\_\_\_\_\_\_\_\_\_\_

Last four digits of Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Phone number ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell number ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Place of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parents ( ) Guardian ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

College/ University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Course of study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date term starts: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Expected Completion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cost of Fees/ Tuition per semester: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of High School Principal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about this scholarship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_