



*Alpha Phi Alpha Fraternity, Inc.
Alpha Lambda Education Foundation*

*Academic Scholarship Application
2020 – 2021 Academic Year*

Deadline: December 4, 2019

Purpose: The Alpha Lambda Education Foundation offers scholarships to African American males who plan to attend an accredited University/College. Applications are reviewed by the Fraternity's scholarship committee to recommend scholarship winners for the upcoming academic year.

Criteria: Eligible applicant(s) will be a male high school senior of African American descent planning to attend an accredited University/College for the 2020 – 2021 Academic Year. Eligibility also requires a minimal grade point average of 2.5 on a 4.0 scale, residence in the Metro Louisville area, and completion of the required essay. Late and/or incomplete application packets will not be considered.

Award: \$1,000.00

Applicant Packet Checklist:

- ✓ Completed Academic Scholarship Application
- ✓ Headshot Photograph of the Applicant Wearing a Dress Shirt, Tie, and Jacket (Mobile Cellular Phone Quality is Okay)
- ✓ Completed W9 Form
- ✓ High School Transcript
- ✓ Typed Essay, MLA Format, 500 Word Maximum, 12pt Font with One-Inch Margins (topics are located in the application)

Application Submission: Applicant should submit the completed application packet (see Application Packet Checklist) using one of the two options below.

- *Electronic.* Packet is submitted in one email with all items as attachments on or before 11:59 p.m. EST December 4, 2019 to:
alefscholarship@gmail.com
- *Mail.* Packet is submitted by mail postmarked or before December 4, 2019 to:
ATTN: ALEF Scholarship
Alpha Lambda Chapter
Alpha Phi Alpha
PO Box 1893
Louisville, KY 40201

Contact: Questions regarding the scholarship requirements or process should be directed to Alpha Lambda Scholarship at: alefscholarship@gmail.com

If Selected: Applicant(s) selected to receive the Alpha Lambda Education Foundation Academic Scholarship will receive a complementary ticket (+1 guest) to attend the 2020 Hope Breakfast on January 20, 2020 and be recognized by the men of Alpha Phi Alpha Fraternity, Incorporated. Additional tickets may be purchased until the event is sold out.

Proof of Registration: If selected to receive the Alpha Lambda Education Foundation Academic Scholarship, the applicant(s) will be required to produce a letter of acceptance to an accredited University or College before the scholarship dollars are released.

Please print or type all the information on the application.

Basic Information			
Name:	Student's Cell Phone #	Student's Email Address:	
Address:	City:	State:	Zip Code:
Race:	Sex:	Age:	

Name of High School Attending			
School Name: Counselor's Name: Counselor's Email Address:	Unweighted G. P. A.	On a Scale of:	
	Weighted G. P. A.	On a Scale of:	
	Composite ACT Score	Composite SAT Score	
	Address:		
	City:	State:	

Extracurricular Activities	
High School Activities: Offices Held:	Teacher/Coach Name(s): Teacher/Coach Contact Number(s):
Community Activities: Offices Held:	Activity Coordinator Name(s): Activity Coordinator Contact Number(s):
Church or Religious Activities (Give name of church): Offices Held:	Activity Coordinator Name(s): Activity Coordinator Contact Number(s):

Hobbies:	
Did you participate in Alpha Academy through Kammerer Middle School? If so, please list the year(s):	
College/University planning to attend:	Major:

**Scholarship Deliverables (to be completed by applicant)
(Information in this section should be submitted as an attachment)**

1. Completed Academic Scholarship Application with Headshot Photograph
2. Headshot Photograph of the Applicant
2. High School Transcript
3. Typed Essay, MLA Format, 500 words, 12pt Font with One-Inch Margins. Choose one of the three topics below to respond to:
 - I Am My Ancestors' Wildest Dreams (include your favorite MLK quote)
 - Why MLK's Work has Given Me Hope (include your favorite MLK quote)
 - Why Going to College is Important for African American Men (include your favorite MLK quote)

Student Certification

Statement of Applicant:

I, _____ certify that I meet the qualifications for this scholarship, that I will be a full-time student at a College/University during the 2020-2021 academic year and that the information submitted with this application is duly accurate.

Signature of Applicant:

Date:

Parent/Guardian Information and Consent

Name of Parent (s) or Guardian(s)

Telephone #

Address

City

State

Zip Code

Statement of Parent or Guardian:

I, _____ have read the application in full and hereby state that, with my consent,

(student's name) is applying for the Alpha Phi Alpha Fraternity Incorporated's
Education Foundation Scholarship.

Signature of Parent or Guardian (if under 18 years of age):

Date:

Relationship to Applicant:



Alpha Phi Alpha Fraternity, Incorporated
Alpha Lambda Chapter
Alpha Lambda Education Foundation

PHOTO/VIDEO CONSENT FORM

Please complete this form and email it along with a headshot of the Applicant wearing a dress shirt, tie, and jacket (mobile cellular phone photo quality is okay) to alefscholarship@gmail.com. Scholarship recipient headshots/photos will be displayed during our Annual MLK Hope Breakfast.

I, the undersigned, voluntarily consent to be photographed and/or videotaped. I understand that the intended use of the photograph/video tape(s) is for publicity, education or public information efforts for the Alpha Lambda Chapter of Alpha Phi Alpha Fraternity, Inc. (AL) and the Alpha Lambda Education Foundation (ALEF) for print and the Internet. I authorize any such use, by or on behalf of AL or ALEF, of the photograph/video tape(s) and understand that I will not be paid or compensated by AL or ALEF in any way for the taking or lawful use of any photograph/video tape(s).

I hereby release and discharge AL and ALEF, its members, agents and representatives from any claims, liability or results caused by the lawful use of said photograph/video tape(s) of me, which I have now voluntarily authorized as a gift to AL and ALEF.

Scholarship Applicant Printed Name: _____

Scholarship Applicant Signature: _____

Date of Birth: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Phone Number: _____

E-mail Address: _____

Date: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.																				
2 Business name/disregarded entity name, if different from above																				
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Individual/sole proprietor or single-member LLC</td> <td><input type="checkbox"/> C Corporation</td> <td><input type="checkbox"/> S Corporation</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Trust/estate</td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </td> </tr> <tr> <td colspan="5"> Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. </td> </tr> <tr> <td colspan="5"><input type="checkbox"/> Other (see instructions) ▶</td> </tr> </table>	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____					Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.					<input type="checkbox"/> Other (see instructions) ▶				
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<input type="checkbox"/> Other (see instructions) ▶																				
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):																				
Exempt payee code (if any) _____																				
Exemption from FATCA reporting code (if any) _____																				
(Applies to accounts maintained outside the U.S.)																				
5 Address (number, street, and apt. or suite no.) See instructions.																				
6 City, state, and ZIP code																				
7 List account number(s) here (optional)																				
Requester's name and address (optional)																				
Alpha Lambda Education Foundation																				

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number												
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or												
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.