



KAPPA EPSILON LAMBDA EDUCATION FOUNDATION, INC.

“Building Bonds Through Education to Promote Personal Development”

2020 ACADEMIC ACHIEVEMENT SCHOLARSHIP AWARDS

Knowing the importance of the intellectual in all matters pertaining to the advancement of mankind, the founders of Alpha Phi Alpha Fraternity, Inc. made **SCHOLARSHIP** (educational advancement) one of the significant principles of the Fraternity. In keeping with this principle and to increase the awareness of the importance of education, the Kappa Epsilon Lambda Education Foundation, Inc. awards annual scholarships to qualified applicants.

ELIGIBILITY FOR ALL APPLICANTS

- a. Must be a resident of Prince George’s County.
- b. Must be a High School Senior. Prospective graduates must have applied for admission to a Junior College or Four Year College/University.
- c. Must have minimum of a 2.2 cumulative grade point average on a 4.0 scale.

APPLICATION PROCEDURE

Students and Guidance Counselors must complete the attached application forms. Students must turn in a complete application packet. Application packets consist of the following:

- a. Scholarship Application
- b. An official school transcript with a seal.
- c. A copy of the 2nd quarter report card.
- d. An essay of not more than 500 words (typed and double-spaced) on “*What Can be Done to Improve the Low High School Graduation Rate of Black Male Students in Prince George’s County?*” Specify three solutions. Please put the student’s name on each page and number the pages. The paper should be in the APA writing format.
- e. A copy of your parents or guardian’s 2019 W-2 Wage and Tax Statement.
- f. Two letters of recommendation (one must be from a Guidance Counselor).
- g. Resume

If any portion of the scholarship package is missing, the applicant may be disqualified. Please contact us at mjews@verizon.net with additional questions.

A panel of The Kappa Epsilon Lambda’s Education Foundation, Inc.’s members will review the applications. Only finalists for awards will be interviewed. The panel will select the winner(s) from the group of finalist.

DEADLINE: ALL MATERIALS MUST BE POSTMARKED BY JUNE 1, 2020

MAIL COMPLETED APPLICATION PACKETS TO:

KAPPA EPSILON LAMBDA EDUCATION FOUNDATION, INC.

P.O. Box 7485
Largo, MD 20792-7485



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2020 SCHOLARSHIP APPLICATION

(Please type or print clearly in black ink. Incomplete applications will be disqualified.)

NAME: _____

LAST

FIRST

MIDDLE

ADDRESS: _____

CITY

STATE

ZIP CODE

TELEPHONE NUMBER: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____

HIGH SCHOOL: _____

DATE OF GRADUATION: _____ GPA: _____

SAT SCORES:

READING: _____ MATH _____ WRITING: _____

DATE TAKEN: _____

HONORS AND AWARDS RECEIVED IN HIGH SCHOOL (Indicate Year):

NAME AND LOCATION OF COLLEGES OR UNIVERSITIES YOU HAVE APPLIED TO:

FIRST CHOICE: _____

SECOND CHOICE: _____

INTENDED MAJOR: _____



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AFFILIATIONS AND LEADERSHIP POSITIONS:

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ORGANIZATION(S) POSITION(S) HELD

EXTRACURRICULAR ACTIVITIES, HOBBIES, SPECIAL INTERESTS:

EMPLOYMENT: (INDICATE YEAR)

FAMILY INCOME: *(place an x next to one answer)*

- LESS THAN \$8,000
- BETWEEN \$8,000 - \$15,000
- BETWEEN \$15,000 - \$25,000
- BETWEEN \$25,000 - \$35,000
- BETWEEN \$35,000 - \$50,000
- GREATER THAN \$50,000

INCLUDE A COPY OF YOUR PARENT’S OR GUARDIAN’S 2019 W-2, WAGE AND TAX STATEMENT.

APPLICANT RESIDES WITH: _____
NAME AND RELATIONSHIP

It is your responsibility to give your Guidance Counselor a support application. Forms must be completed and sent to The Kappa Epsilon Lambda Education Foundation, Inc., P.O. Box 7485 Largo, MD, 20792 by **JUNE 1, 2020**. If any portion of this scholarship package is not postmarked by this date, you will be disqualified.

CERTIFICATION: I certify that all statements made in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith.

Signature: _____ Date: _____



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GUIDANCE COUNSELOR’S STATEMENT OF SUPPORT

(Please type or print clearly in black ink. Incomplete applications will be disqualified.)

APPLICANT’S NAME: _____

SCHOOL: _____

GUIDANCE COUNSELOR’S NAME: _____

1. Please attach a copy of the student/s transcript to verify grade point average and a copy of the 2nd quarter report card. Student’s grade point average _____ (based on a four point scale)

Applications without transcripts and a 2nd quarter report card will not be considered.

2. Please list academic honors or awards received by the applicant (indicate year):

3. Please rate the student in the following areas (*place an x for the rating that applies*)

Categories	Poor	Fair	Good	Outstanding
Attendance				
Effort				
Work’s Independently				
Responsible				
Works Well With Others				
Communication Skills				

4. Comments:

Important: Application packet must be postmarked by **JUNE 1, 2020** for the applicant to be eligible. If any part of the scholarship package is not provided, the applicant will not be considered.

Signature: _____ Date: _____

School phone number: _____