



Alpha Phi Alpha Fraternity

Iota Omicron Lambda Chapter

P.O. Box 15083

Colorado Springs, CO 80935

March 21, 2019

Student Coordinator/Counselor/Counseling Secretary/
Counseling Center

Dear Counselor(s)

Our Fraternity (Alpha Phi Alpha) takes pleasure in awarding scholarships to deserving graduating seniors. This has been an annual event since 1971. Scholarships are awarded after the selected student has enrolled in the college of their choice.

We will direct our attention towards African American male students; however, African American female students may also apply. Since scholarship is one of the aims of our Fraternity, applicants must have at least a **3.0** cumulative grade point average on a **4.0** scale to receive consideration.

Enclosed are application forms for two scholarships. Both are awarded by Alpha Phi Alpha. We would appreciate your support in recommending and sharing this scholarship information to the qualifying graduating seniors. The deadline to submit the application is **April 19, 2019**. We greatly appreciate your expeditious handling of the application process. Please feel free to make additional copies of the attached scholarship application.

Please mail completed applications to:

Dr. Ron Wynn
870 Broadview Place
Colorado Springs, CO 80904
Phone: (719) 418-2684



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Dear Student,

Please fill out the application and be sure to enclose the following information:

1. Official Transcript
2. Two letters of recommendation
3. Counselor signature on completed application
4. Photograph of yourself

Mail completed application with items listed above to:

Dr. Ron Wynn
870 Broadview Place
Colorado Springs, CO 80904
Phone: (719) 418-2684

Your application must be postmarked no later than **April 19, 2019**

Sincerely,

Dr. Ron Wynn
Chairman
Scholarship Committee

Mr. George Ewing
Co-Chairman



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APPLICATION FOR COLLEGE OR VOCATIONAL SCHOLARSHIP

Class Rank _____ GPA _____ School _____ Male _____ Female _____
ACT Score _____ SAT Score _____

THIS APPLICATION MUST BE RETURNED AND POST MARKED NO LATER THAN APRIL 19, 2019

Mail To:
Dr. Ron Wynn
870 Broadview Place
Colorado Springs, CO 80904
Phone: (719) 418 -2684

1. Full Name _____

Parent(s) Name _____

2. Address _____

Street and Number

City and State Zip Code

3. Home Telephone # _____ Cell Telephone # _____

4. Number of family members _____. Family members in school
(K-12 _____ or College _____)

5. In what field of study are you interested and why **(Use additional paper if necessary)**

1 of 2

6. Which colleges, universities or vocational schools have you applied to?



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Which ones have accepted you?

7. List awards or outstanding achievements (Use additional paper if necessary)

8. Extracurricular activities/organizations:

9. State briefly why you should be selected for our scholarship?

10. Please include two letters of recommendation and an official transcript of your grades with this application.

11. Signatures:

Applicant_____

Counselor_____