



**ALPHA PHI ALPHA FRATERNITY, INC.**  
**Delta Gamma Lambda Chapter**  
P.O. Box 6123, Cincinnati, Ohio 45206



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**To:** Guidance Counselors, Greater Cincinnati Area High Schools  
**From:** Clarence T. Frazier, Director of Education  
**Re:** Scholarship Recommendations

Since its founding on December 4, 1906, Alpha Phi Alpha Fraternity, Inc. has supplied voice and vision to the struggle of African-Americans and people of color around the world. Alpha Phi Alpha, the first intercollegiate Greek-letter fraternity established for African-Americans, was founded at Cornell University in Ithaca, New York by seven college men who recognized the need for a strong bond of Brotherhood among African descendants in this country.

The Fraternity initially served as a study and support group for minority students who faced racial prejudice, both educationally and socially, at Cornell.

As part of our annual out-reach program to black students, our local chapter recognizes and honors the achievements of outstanding high school graduates in the Cincinnati area. Our Scholarship Committee distributes applications, reviews and recommend applicants for scholarship disbursements.

This recognition will be in the form of a certificate or a cash scholarship to aid in financial obligations associated with college enrollment.

**Eligibility**

Eligible are any African American male graduating seniors of the Greater Cincinnati schools with high academic achievement, well-rounded character and adjustment, high potential to succeed in life, and the desire to pursue a college education.

Second priority will be given to students who have financial needs and, who, in the opinion of their high school guidance office, will use such assistance to further their educational objectives.

We seek the recommendations of worthy candidates to be given consideration for this recognition and award.

It will be necessary to send a copy of the official secondary school record along with other attachments as requested.

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**FOUNDERS:**

**Henry A. Callis Charles H. Chapman George B. Kelly Eugene K. Jones Nathaniel A. Murray Robert H. Ogle Vertner W. Tandy**

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**Alpha Phi Alpha Scholarship Checklist**

1. \_\_\_\_ Official High School Transcript page 3
  
2. \_\_\_\_ ACT and/or SAT scores included
  
3. \_\_\_\_ Formal Photo (Shirt and tie---photograph becomes the property of Alpha Phi Alpha)
  
4. \_\_\_\_ Counselor Letter of Recommendation
  
5. \_\_\_\_ Student Biography
  
6. \_\_\_\_ Completed Application

For the scholarship packet to be valid, all the above information must be received by the postmarked deadline.

Send the completed scholarship packet to the address below.

Alpha Phi Alpha Fraternity Inc.  
Delta Gamma Lambda Chapter  
PO Box 6123  
Cincinnati, OH 45206  
Attn: Clarence T. Frazier, Chairman

If there are any questions or concerns, feel free to contact the Scholarship Committee.

**Scholarship Committee**

CONTACT PERSON: CLARENCE T. FRAZIER, CHAIRMAN  
Phone: 513-681-1838 / (c) 225-0190  
ctfrazier2011@gmail.com

**APPLICATIONS MUST BE POSTMARKED BY \* MARCH 31 (ANNUAL)**



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**Guidelines**

**Purpose**

To recognize outstanding graduating seniors for academic achievement, humanitarian service and community involvement.

**Criteria**

Candidates must be graduating seniors from the Greater Cincinnati Area.

Applicants must demonstrate outstanding scholarship ability and financial need. Academic achievement and financial need will be the primary considerations for awards. Applicants must show potential to pursue a college education.

The applicant must submit a counselor's recommendation, application and transcript. The applicant must exemplify overall school involvement and community service.

**Selection**

Selections will be made from the list of recommendations of area counselors.

Selected students will be awarded certificates and/or cash scholarship grants. Grants are intended to aid financial obligations associated with college.

The number of grants and the amount will be recommended by the Scholarship Committee and approved by the chapter.

Financial awards will be made directly to the student upon presentation of college enrollment documentation. Awards will be paid in two installments; half at the time of college enrollment and half after successful completion of the first period of study.

Finalists will be required to make a presentation to the chapter.

**Closing Date**

Applications and supportive materials must be submitted in a timely fashion. Specific closing dates will appear on the application material and will accompany the letter sent to the counselor.

**Application Preparation**

The application should be prepared and submitted exhibiting scholarship. Applicants must realize the information submitted represents them.

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The Alpha Phi Alpha Fraternity Scholarship Program

**Application Form**

Page 1

(Please Print)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 (Last) (First) (Middle Initial)

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 (Number) (Street) (Zip)

Current Secondary School \_\_\_\_\_

Anticipated Date of Graduation \_\_\_\_\_

Marital Status of Parents/Guardians \_\_\_\_\_

Father: Living \_\_\_\_\_ Deceased \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother: Living \_\_\_\_\_ Deceased \_\_\_\_\_ Occupation: \_\_\_\_\_

Have you applied for admission to college? Yes \_\_\_ No \_\_\_

Have you been accepted for enrollment into college? Yes \_\_\_ No \_\_\_

If "yes", which college(s)? \_\_\_\_\_

List extra-curricular activities and offices held in high school.

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

List activities and clubs outside of school.

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

List any other significant information which should be considered.

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

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The Alpha Phi Alpha Fraternity Scholarship Program

**Application Form**

Page 2

**(Please Print)**

Cumulative Grade Point Average \_\_\_\_\_ Class Rank: \_\_\_\_\_

**Results of College Testing**

Scholastic Aptitude Test (SAT) \_\_\_\_\_

American College Testing Program [A C T] \_\_\_\_\_

National Merit Scholar Qualifying (NMSQT) \_\_\_\_\_

College Choice: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Major Area of Interest: \_\_\_\_\_

Personal Statement of Overall Ability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Feel free to provide attachment)

Statement of Financial Need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Feel free to provide attachment)

Scholarship Grants: (Please list aids and grants the applicant will be awarded)

1. \_\_\_\_\_

Signature(s) Required: Applicant \_\_\_\_\_ Counselor \_\_\_\_\_

\_\_\_\_\_