



Ronald W. Sims Memorial Scholarship

SCHOLARSHIP APPLICATION

OMICRON PHI LAMBDA EDUCATION FOUNDATION
ALPHA PHI ALPHA FRATERNITY, INC.
EAST POINT, GEORGIA

Please print in ink or type all information. Please answer all questions. If questions do not apply, write N/A (not applicable). Return completed application to the Office of Financial Aid or Guidance Counselor.

1. NAME _____
LAST FIRST MIDDLE

2. ADDRESS _____
CITY STATE ZIP

3. TELEPHONE NUMBER _____ DATE OF BIRTH _____ SEX _____

4. PRESENT SCHOOL AND ADDRESS _____

5. PROJECTED DATE OF GRADUATION _____

6. DEGREE OBJECTIVE _____

7. PLEASE LIST TOP THREE COLLEGES BEING CONSIDERED:

1. _____
2. _____
3. _____

8. MAJOR _____

9. GPA _____ SAT/ACT _____
MUST BE CERTIFIED BY SCHOOL'S GUIDANCE COUNSELOR.

SIGNATURE _____ DATE _____

10. ON A SEPARATE SHEET PLEASE LIST EXTRA-CURRICULAR ACTIVITIES AND COMMUNITY INVOLVEMENT, IF ANY. IF YOU HAVE SERVED AS CLASS OFFICER OR IN ANY LEADERSHIP ROLE, PLEASE SO INDICATE

11. ON A SEPARATE SHEET OF PAPER, STATE VERY BRIEFLY WHY YOU FEEL THAT YOU SHOULD BE THE RECIPIENT OF A SCHOLARSHIP FROM THIS ORGANIZATION. (PLEASE ATTACH)

RETURN APPLICATION TO:

**SCHOLARSHIP COMMITTEE
OMICRON PHI LAMBDA FOUNDATION
POST OFFICE BOX 91393
EAST POINT, GEORGIA 30364**