

Zeta Psi Lambda Chapter

of

Alpha Phi Alpha Fraternity, Inc.

Dr. Ulric Pryce Memorial Scholarship

The Zeta Psi Lambda Chapter of Alpha Phi Alpha fraternity, Inc. has established a memorial scholarship in honor of Brother Dr. Ulric Pryce in the amount of two thousand dollars (\$2,000). This scholarship is given in keeping with the fraternity's national program, "Go to High School, Go to College", and will be awarded to a deserving graduating senior going to the college of their choice.

ELIGIBILITY REQUIREMENTS

1. The scholarship committee will administer the scholarship program and award the scholarship to a deserving student as determined by the committee. The scholarship will be paid directly to the college of the recipient's choice for credit towards expenses for the upcoming semester.
2. Applicant must be a graduating senior and must have taken and made an acceptable score on the ACT or SAT exam.
3. Applicant must have a minimum grade point average of 2.5 on a 4.0 point scale.
4. Applicant must be an American citizen and must have been accepted for admission by a college or university of their choice.
5. Counselor or teacher should complete student recommendation form.

APPLICATION PROCEDURE

1. Obtain and complete application.
2. Attach essay in fifty words or less why you feel that you would be a worthy recipient of the Dr. Ulric Pryce Memorial Scholarship.
3. Attach an official transcript of seven (7) semesters of high school.
4. Attach a copy of college acceptance letter.
5. Enclose a copy of ACT or SAT test scores.
6. Attach a wallet size photograph to application.
7. Mail completed application to:

Scholarship Committee
Zeta Psi Lambda Chapter
P.O. Box 1102
Lake Charles, LA 70602-1102

Deadline for acceptance is April 15, 2010.

APPLICATION FOR THE ULRIC PRYCE MEMORIAL SCHOLARSHIP

1. NAME: _____ AGE: _____ SEX _____

2. ADDRESS: _____
(number, city, state, zip code)

3. HIGH SCHOOL: _____

4. Are you a citizen of the United States? Yes () No ()

5. College or university choice: _____

6. Have you applied and been accepted to college? Yes () No ()

7. Composite ACT score _____ or composite SAT score _____

8. HONORS and AWARDS: _____

9. EXTRACURRICULAR ACTIVITIES:

I understand that this application is for consideration only and does not bind Zeta Psi Lambda Chapter of Alpha Phi Alpha Fraternity, Inc. to provide any educational assistance.

Applicant's Signature: _____ Date: _____

Parent / Guardian's Signature: _____ Date: _____

THE DR. ULRIC PRYCE MEMERIAL SCHOLARSHIP

sponsored by
Zeta Psi Lambda Chapter of
ALPHA PHI ALPHA FRATERNITY, INC.

STUDENT RECOMMENDATION FORM

(to be completed by principal, counselor, or teacher)

TO BE COMPLETED BY STUDENT

Full Name _____

High School Name _____

City _____ ST _____

Counselor/Teacher Name _____

Title _____

I freely and voluntarily waive my rights of access to any and all information contained in this recommendation, and agree that any comments below will remain confidential.

Student Signature _____ Date _____

TO BE COMPLETED BY COUNSELOR/TEACHER

I. How would you compare the student to other seniors?

	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT	OUTSTANDING
Analytical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Growth Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. How long have you known the student, and in what capacity? _____

III. Counselor/Teacher Signature _____ Date _____

Title _____

Telephone _____ Email _____