



Alpha Phi Alpha Fraternity, Inc.

Gamma Gamma Lambda Chapter

P.O. Box #5244

Greenville, South Carolina 29606

[www.gglapa.org](http://www.gglapa.org)

# Luke H. Chatman Memorial Scholarship

2002-2003

Contains:

Application  
Instruction sheet  
Recommendation Form (Brother)  
Recommendation Form (Outside)

*"First of All, Servants of All, We shall transcend All."*

# GAMMA GAMMA LAMBDA CHAPTER OF ALPHA PHI ALPHA, INC.

## APPLICATION FOR LUKE CHATMAN MEMORIAL SCHOLARSHIP

Please PRINT or TYPE. Fill out the form, completely

**DEADLINE IS APRIL 1, 2003**

**APPLICANT'S NAME** .....  
(Last) (First) (Middle)

**APPLICANT'S SSN** ..... **SEX:** ☐ Male ☐ Female (Check one)

**APPLICANT'S ADDRESS** .....  
.....  
.....  
(City) (State) (Zip)

**PHONE:** ..... **DATE OF BIRTH** ..... **PLACE OF BIRTH** .....

**MAILING ADDRESS** .....

**EMAIL ADDRESS (OPTIONAL)** .....

### Parent / Guardian Information:

**NAME** ☐ Mr. ☐ Dr. ....  
☐ Mrs. ☐ Ms. .... ☐ Parent ☐ Guardian (Check one)

**ADDRESS** .....  
.....  
.....  
(City) (State) (Zip)

**WORK PHONE:** ..... High School GPR \_\_\_\_ Scale: 4.0 5.0 other

College or University Information: SAT Score: \_\_\_\_ ACT \_\_\_\_ Class Rank \_\_\_\_ / \_\_\_\_

**SEMESTER OF ENTRANCE:** ☐ Summer 2003 ☐ Fall 2003 ☐ Spring 2004

**COLLEGE / UNIVERSITY NAME:** .....  
.....  
(City) (State)

**COURSE OF STUDY:** ..... **DEGREE SOUGHT:** .....

**EXPECTED COMPLETION DATE:** ..... **DATE TERM STARTS:** .....

**COST OF FEES/TUITION PER SEMESTER:** \$ .....

RETURN BY APRIL 5, 2002 to:

Scholarship Committee  
Gamma Gamma Lambda Chapter  
Alpha Phi Alpha Fraternity, Inc.  
P.O. 5244  
Greenville, SC 29606

APPLICANT'S SIGNATURE

DATE

# **GAMMA GAMMA LAMBDA CHAPTER OF ALPHA PHI ALPHA, INC.**

## **INSTRUCTIONS FOR COMPLETING THE APPLICATION**

**DEADLINE IS APRIL 1, 2003**

1. Application is to be complete by the applicant.
2. Please type or print clearly (in black ink)
3. Attach the following to the completed application:
  - a. Two letters of reference. Both must be from an older adult in the local community not related to the applicant. If one or more is from a member of Alpha Phi Alpha Fraternity, that application will be given preference. See the attached forms for more details.
  - b. Certified copy of the transcripts of courses completed through first semester of the senior year (including a SAT or ACT scores)
  - c. A biographical statement, including educational background, financial need, and other pertinent information on yourself.
  - d. On a separate sheet of paper write (print or type), double-spaced and no more than 2 pages long, on the following topic:  
  
**“How this scholarship will help me pursue my career goals”**
  - e. The committee must receive the application along with a certified copy of your high school transcript on or before April 1, 2003.
4. The scholarship applicant must be willing to appear before the Scholarship Committee for a personal interview, if such an interview is requested.
5. Applicants will be judged on the basis of their secondary school records, personal qualifications, results of SAT/ACT test, citizenship, leadership, and financial need.
6. Scholarship recipient must attend an accredited college of his or her choice. Applicants must gain admission to the college/university.
7. The amount of the scholarship will be deposited with the college or university attended by the student. When the recipient notifies the Scholarship Committee in writing that he or she is enrolled, the amount of the scholarship will be sent to the business office to be applied to the cost of tuition, room, and board. Exceptions to this rule can be considered by the committee and must be submitted in writing in due time for the committee's review.
8. Send completed application packet to:

Scholarship Committee  
Gamma Gamma Lambda Chapter  
Alpha Phi Alpha Fraternity, Inc.  
P.O. Box 5244  
Greenville, S.C. 29606

**APPLICATIONS MUST BE RECEIVED BY APRIL 1, 2003**

Application No.

# GAMMA GAMMA LAMBDA CHAPTER OF ALPHA PHI ALPHA, INC.

## SPONSORSHIP FOR LUKE CHATMAN SCHOLARSHIP (from a member of Alpha Phi Alpha) *you may attached a letter to this form*

APPLICANTS NAME

APPLICANTS SSN

BROTHER'S NAME

BROTHER'S SSN

BROTHER'S ADDRESS

BROTHER'S CHAPTER AFFILIATION

CHAPTER KEY NO.

BROTHER'S DATE INITIATION

LENGTH OF TIME BROTHER HAS BEEN ACQUAINTED WITH APPLICANT

Do you attest based upon personal knowledge, information and belief that the applicant possesses the personal character and moral reputation desired to receive this scholarship?

YES

NO

Please explain and comment:

Do you know any special situations, circumstances, or special needs (either financial need or other conditions) we should consider with this applicant?

YES

NO

Please explain and comment:

# GAMMA GAMMA LAMBDA CHAPTER OF ALPHA PHI ALPHA, INC.

## RECOMMENDATION FOR LUKE CHATMAN SCHOLARSHIP (CONTINUED)

Explain how you are acquainted with the applicant and describe the applicant's involvement in school activities or community, professional and civic activities:


For other comments or information important for consideration of the aspirant, add additional sheets.

I certify that Brother \_\_\_\_\_ is in good standing with the National Organization and the Chapter.

\_\_\_\_\_  
Financial Secretary

### SPONSORSHIP AND CERTIFICATION

**I HEREBY CERTIFY AND ATTEST** that the foregoing information provided by me is true and to the best of my knowledge, information and belief. I certify that I am in **good standing** with the Fraternity. I understand my obligation to the Fraternity to exercise due diligence in making this recommendation for membership. Without reservation, I recommend the aspirant for the LUKE CHATMAN SCHOLARSHIP. I attest that to the best of my knowledge and belief that the aspirant is worthy, well qualified and well suited for membership.

\_\_\_\_\_  
BROTHER'S SIGNATURE

\_\_\_\_\_  
DATE

Application No.

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# GAMMA GAMMA LAMBDA CHAPTER OF ALPHA PHI ALPHA, INC.

## SPONSORSHIP FOR LUKE CHATMAN SCHOLARSHIP (Outside Reference)

*you may attached a letter to this form*

APPLICANT'S NAME	
APPLICANT'S SSN	
REFERENCE NAME	
REFERENCE'S PHONE:	
REFERENCE'S ADDRESS	
REFERENCE'S OCCUPATION	COMPANY:
WORK PHONE:	
LENGTH OF TIME REFERENCE HAS BEEN ACQUAINTED WITH APPLICANT	

Do you attest based upon personal knowledge, information and belief that the applicant possesses the personal character and moral reputation desired to receive this scholarship?

YES	NO	Please explain and comment:

Do you know any special situations, circumstances, or special needs (either financial need or other conditions) we should consider with this applicant?

YES	NO	Please explain and comment:

# GAMMA GAMMA LAMBDA CHAPTER OF ALPHA PHI ALPHA, INC.

## RECOMMENDATION FOR LUKE CHATMAN SCHOLARSHIP (CONTINUED)

Explain how you are acquainted with the applicant and describe the applicant's involvement in school activities or community, professional and civic activities:


For other comments or information important for consideration of the aspirant, add additional sheets.

## SPONSORSHIP AND CERTIFICATION

**I HEREBY CERTIFY AND ATTEST** that the foregoing information provided by me is true and to the best of my knowledge, information and belief. Without reservation, I recommend the aspirant for the LUKE CHATMAN SCHOLARSHIP in ALPHA PHI ALPHA FRATERNITY, INC. I attest that to the best of my knowledge and belief that the aspirant is worthy, well qualified and well suited candidate for the scholarship.

REFERENCE'S SIGNATURE

DATE

Application No.

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