



# Ronald W. Sims Memorial Scholarship

## SCHOLARSHIP APPLICATION

ALPHA PHI ALPHA FRATERNITY, INC.  
OMICRON PHI LAMBDA EDUCATION FOUNDATION  
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 Foundation at the address at the bottom of the page.

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 _____<br><b>MUST BE CERTIFIED BY SCHOOL'S GUIDANCE COUNSELOR:</b><br>COUNSELOR'S SIGNATURE: _____ DATE: _____ |
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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:  
(Deadline – March 20, 2009)

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