

PHI BETA SIGMA FRATERNITY, INC.

Alpha Theta Sigma Graduate Chapter



**“*Culture For Service and Service For Humanity*”**

C. Y. Thomas

Education Scholarship Application

Due – March 29, 2024

(For African-American Males)

**C.Y. Thomas – Education Scholarship Application**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Extracurricular Activities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Criteria:**

1. **Official transcript or letter (certified by Registrar) verifying G.P.A. and classification**
2. **Two (2) letters of recommendation**
   * **Personal Source**
   * **Institution Source (Faculty or Administration)**
3. **Resume**
   * **Career Aspirations**
   * **Leadership Positions**
   * **Scholarships**
   * **Awards**
   * **Organizations**
4. **Essay on: “After receiving your undergraduate degree, how will you use your degree to impact your community?”**
   * **1 – 2 pages in length (Typed single spaced in 12 pt. arial or times new roman font)**

**\*All applicants must be a graduating African American male senior in a Tarrant County high school with a minimum G.P.A. of 2.75 or higher. Applications must be received by March 29, 2024, and must be e-mailed to scholarship@fwsigmas.org, to the attention of the Education Committee.**

**Applicant:** To be considered for this scholarship, this application must be filled out completely, typed and signed. Please be sure to include **ALL** requested documents and supplements. Applications that are incomplete will not be reviewed and will be discarded appropriately. All documents submitted as part of your application become the property of Phi Beta Sigma Fraternity, Inc., Alpha Theta Sigma Chapter, Fort Worth, Texas and will not be returned. Applicants with disabilities will be accommodated to the extent reasonably possible.

I have read and understand the above statement. Applicant Initials:

**Note: Parent(s)/Legal Guardian(s) Signature is required in order for this**

**application to be considered. [The Parent(s)/Legal Guardian(s) signature authorizes the release of the student information on this application to be reviewed by the phi beta sigma fraternity, Inc., alpha theta Sigma chapter education scholarship selection committee members. information on this application will only be used for scholarship selection purposes only. Winner’s Photograph is authorized to be used in Scholarship Committee announcements.]**

**Parent(s)/Legal Guardian(s) signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date and Time of School Award Ceremony (if available):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check list:**

**1. Review the application and make sure it is thoroughly completed.**

**2. Make sure the application has been signed and dated by you and your parent(s)/Legal Guardian(s).**

**3. Include the type-written essay with the application.**

**4. Attach an original or photocopy of your Official high school transcript.**

**5. Provide two letters of recommendation**

**6. Include a professional Headshot of student**

**7. Scan and Email the completed application.**

**8. An incomplete Application will not be reviewed and will be discarded appropriately.**

**9. Include the date, time and location of your school’s award ceremony**

**10. Winners will be notified by phone call and/or in writing**

**Email All Documents to:**

**scholarship@fwsigmas.org**

**All Applications must arrive on or before March 29, 2024:**

**Winner(s) of the scholarship will be awarded based on criteria selected from the**

**presented information and material within the application. Winner(s) will be recognized at**

**the Calvin Littlejohn Bigger & Better Business Banquet on May 4, 2024.**

**We expect to award scholarship(s) in the amount of $500.00 to $1000.00.**