



SETTING A BLUEPRINT FOR FUTURE GENERATIONS

PHI BETA SIGMA FRATERNITY, INC.

LAMBDA SIGMA CHAPTER



Phi Beta Sigma Fraternity, Inc., Lambda Sigma Chapter, is pleased to announce that it is providing a minimum of \$10,000 in scholarships to students enrolling in two-year and four-year colleges in the metropolitan Atlanta area. Award amounts will vary based on the strength of the application. These scholarships will be awarded to deserving high school students and/or college students who exemplify the highest level of scholarship, community service, and leadership as they pursue their aspirations for higher education. Application requirements are given below.

APPLICATION REQUIREMENTS:

1. Male students in high school or college who reside in the metropolitan Atlanta area
2. Completed scholarship application
3. Official copy of the applicant's high school or college transcript
4. College applicants must have completed at least one year of undergraduate education.
5. Applicant must possess a GPA of 2.50 on a 4.0 scale
6. Applicant must demonstrate a spirit of excellence in scholarship and community involvement
7. Two (2) letters of recommendation
 - Teacher or Counselor Reference on school letterhead
 - Community Service Reference References on professional letterhead
8. Address ***only one*** of the following questions in essay format (500-word limit).
 - Describe and explain the importance of Martin Luther King's "I Have a Dream Speech" to the Civil Rights Movement in the modern era.
 - Describe and explain the importance of Martin Luther King's "Letter from a Birmingham Jail" to the Civil Right Movement.

9. ***Must be signed by the applicant and parent/guardian if applicable (Page 2 and Page 3).***

******Incomplete application packages will not be considered******

APPLICATION SUBMISSION:

Please email a signed, scanned application form with all accompanying materials to

pbslambdasigmascholarship@gmail.com

APPLICATION DEADLINE:

Completed applications must be postmarked by March 15, 2025.

NOTE: Application and accompanying materials will not be returned to applicants.



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Please type or print legibly. The essay should be thoughtfully and clearly written but concise. The application will be rated on the quality of the essay and evidence of academic and social achievement.

PERSONAL INFORMATION

Name: _____

(Last)

(First)

(Middle Initial)

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Parent(s) or Guardian(s): _____

(Last)

(First)

(Middle Initial)

Email Address: _____

Parent(s) or Guardian(s): _____

(Last)

(First)

(Middle Initial)

Email Address: _____

Parent or Guardian Signature _____ Date _____

***One parent or guardian must sign below for this application to be considered valid for high school students.**

SCHOOL INFORMATION:

For High School Students Only:

High School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

G.P.A. _____ Classification _____

College of Intent: _____ Expected Enrollment Date: _____

Major/Minor of Interest _____

For College Students Only:

College/University: _____

Address: _____

City: _____ State: _____ Zip: _____

G.P.A. _____ Classification _____

Major/Minor of Interest _____



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Extracurricular Activities:

(Include offices held, honors received, church or community activities and awards, etc.)

Applicant Certification:

I hereby certify that all information submitted in the application is true and correct and understand that my signature and submission of this application authorizes the Phi Beta Sigma, Inc., Lambda Sigma Chapter Scholarship Committee to obtain verification of the information provided. All funds from Phi Beta Sigma Fraternity, Inc., Lambda Sigma Chapter will be used solely for the purpose of paying educational expenses.

(*Applicant Signature)

(Date)

DO NOT WRITE BELOW THIS LINE



***Signature(s) Requirement: The application must include appropriate signatures.**

Date Application Received: _____

Received By: _____

Was this applicant selected? ___ Yes ___ No

Date funds disbursed: _____ Amount: _____ Check #: _____

Letter/check sent to: _____

Approved:

Lambda Sigma Scholarship Chairperson

Lambda Sigma President or Treasurer