

ALPHA PHI ALPHA FRATERNITY, INC.

DELTA EPSILON LAMBDA CHAPTER

EAST ST. LOUIS, IL

2024 DR. WILLIAM E. MASON

VOCATIONAL SCHOLARSHIP AWARD

APPLICATION



STUDENT'S NAME: \_\_\_\_\_



## Alpha Phi Alpha Fraternity, Inc.

Delta Epsilon Lambda Chapter  
8601 Washington St., East St. Louis, IL 62203

February 20, 2024

Dear Scholarship Applicant,

The Delta Epsilon Lambda Chapter of Alpha Phi Alpha Fraternity, Inc. is proud to announce the Dr. William E. Mason Vocational Scholarship Award. The scholarship is named in honor of Bro. Dr. William E. Mason, former mayor of East St. Louis, IL and former principle of the Mason – Clark Middle School, East St. Louis. Dr. Mason is a strong supporter of vocational schools because they deliver focused education that equips students with skills specific to a particular trade and occupation.

Some students elect to go to vocational school while others elect to go to a college. Both paths are beneficial but Dr. Mason wants to ensure that financial scholarships are also afforded to students who elect to go to a vocational school to develop their careers. Members of the Alpha Phi Alpha Fraternity, Inc., Delta Epsilon Lambda Chapter, stand with Bro. Dr. Mason and also agree that investing in the future of our young people is paramount.

The vocational scholarship will be awarded to a vocational bound African American or minority high school student who demonstrate exceptional academic performance, leadership ability, and integrity of character. The criteria as set forth by the Delta Epsilon Lambda Chapter are outlined in this application packet. All interested applicants must complete the packet in its entirety to be considered and mail it to the address listed by April 10, 2024.

The scholarship applicant will be notified in April and the award will be formally presented at the scholarship reception held on May 18, 2024. More information will be forthcoming to the selected candidate. On behalf of the members of Delta Epsilon Lambda Chapter of Alpha Phi Alpha Fraternity Inc., we wish you well in your vocational pursuits.

Sincerely,

*Marcus G. Merritt*

Marcus G. Merritt  
20<sup>th</sup> Chapter President  
Delta Epsilon Lambda Chapter  
Alpha Phi Alpha Fraternity, Inc.

*Christopher Anderson*

Christopher Anderson  
Director, Educational Activities  
Delta Epsilon Lambda Chapter  
Alpha Phi Alpha Fraternity, Inc.

The Alpha Phi Alpha Fraternity Inc., Delta Epsilon Lambda Chapter of East St. Louis is proud to announce the Dr. William E. Mason Trade Scholarship Award.

## **ELIGIBILITY REQUIREMENTS**

Application requirements and scholarship rules are as follow:

1. The applicant must be a male minority student or a member of the Alpha Phi Alpha Fraternity Lights of Alpha (LOA) Male Mentoring Program and graduating from a high school in the metro east area.
2. The applicant must have maintained a cumulative grade point average of at least 2.0 (on a 4.0 scale).
3. The applicant must provide proof of enrollment or acceptance at a vocational school by the time the award is presented.
4. The scholarship application must include a certified copy of the high school transcript.
5. The application must be printed neatly in blue/black ink or typed.
6. The applicant must provide evidence of extracurricular activities, awards, community service and or other accomplishments.
7. The application must be accompanied by two letters of recommendation; (1) one faculty member, and (2) an adult who is not affiliated with school activities
8. The applicant must be available (if necessary) for a personal interview with scholarship committee members of Alpha Phi Alpha Fraternity Incorporated.
9. The applicant is requested to provide a recent photograph no larger than 5 x 7 suitable for publicity purposes.
10. Scholarship awardees will be notified in writing once decisions have been finalized. Decisions will be final and binding.
11. The scholarship will provide one or more outstanding students with an award in the amount of \$500 or more to assist them with preparing for their school expenses.

# APPLICATION FOR SCHOLARSHIP

Please answer all questions fully. All answers to the application process must be legibly handwritten in ink or typed. Applications that are submitted without the required documentation will be disqualified.

## PERSONAL INFORMATION

1. Name: \_\_\_\_\_  
Last First MI

2. Address \_\_\_\_\_  
Number Street City, State, Zip Code

3. Telephone: ( ) \_\_\_\_\_ Emergency Contact Number: ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

4. Ethnicity: \_\_\_\_\_ Illinois Resident: Yes \_\_\_\_\_ No \_\_\_\_\_

5. Name of vocational school you have received acceptance or you plan to attend:

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Location: \_\_\_\_\_

6. Expected major: \_\_\_\_\_

7. Career goal(s) \_\_\_\_\_

8. List of high school activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. List of honors/awards: \_\_\_\_\_

\_\_\_\_\_

10. Attach a TYPED, double spaced, 250-300 word essay which answers the following question:

*In your opinion, what is the importance of vocational training and how does it impact a community such as East St. Louis?*

Your response gives us an indication of your ability to organize your thoughts and express yourself.

#### **CERTIFICATION**

I hereby certify that to the best of my knowledge all of the supporting information furnished including this application is complete and accurate. Further, I authorized the release of information presented to determine my eligibility for the Dr. William E. Mason Award.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The deadline for all applications and supporting documentation should be received on or before April 10, 2024 by the close of business and mailed to:**

**Alpha Phi Alpha Fraternity, Inc.  
Delta Epsilon Lambda Chapter  
c/o Dr. Jeffrey A. Williams, Educational Activities Committee  
P.O. Box 605 East St. Louis, IL 62202**

**Or**

**You may scan the application and supporting documentation and email to [Jeffrey.williams731@gmail.com](mailto:Jeffrey.williams731@gmail.com)**

**For more information contact Dr. Williams at the email above.**

# SCHOOL CERTIFICATION

This form must be completed in its entirety by school personnel.

This certifies that \_\_\_\_\_, whose GPA is \_\_\_\_\_ and  
(Name of Student)

ranks \_\_\_\_\_ in a class of \_\_\_\_\_

seniors at the end of the \_\_\_\_\_ semester at \_\_\_\_\_

\_\_\_\_\_ High School located at \_\_\_\_\_

Street

City State

Zip

Please respond to the applicant's seriousness to attend a vocational school

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Please respond to the applicant's emotional security

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Please respond to the applicant's interaction with peers

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Name (Please Print): \_\_\_\_\_

Title: \_\_\_\_\_ School \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_