

# ALPHA PHI ALPHA FRATERNITY, INC.

DELTA EPSILON LAMBDA CHAPTER

EAST ST. LOUIS, IL

2024 WEBB-MCDONALD

SCHOLARSHIP APPLICATION



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



**Alpha Phi Alpha Fraternity, Inc.**

Delta Epsilon Lambda Chapter  
P.O. Box 605 East St. Louis, IL 62205

February 20, 2024

Dear Scholarship Applicant,

The Delta Epsilon Lambda Chapter of Alpha Phi Alpha Fraternity, Inc. is proud to announce the Webb-McDonald Scholarship Award. The scholarship is named in honor of Hezekiah Webb and in memory of John McDonald who serves as a testament to the importance of an education. A program thrust of Alpha Phi Alpha is to encourage youth to “Go To High School, Go To College.”

Brother Webb and Brother McDonald realized the importance of an education and believed that investing in the future of young people is paramount. This scholarship will be awarded to college bound African American male high school student(s) who demonstrate stellar academic performance, leadership ability and integrity of character.

Members of Delta Epsilon Lambda Chapter continue to encourage the ideal of academic excellence and have been committed to providing resources to help young people realize their full academic potential. 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 the deadline.

The scholarship applicant will be notified in April and the award will be formally presented at the scholarship reception which will be held on May 18, 2024. More information will be forthcoming to the selected candidates.

On behalf of the members of Delta Epsilon Lambda Chapter of Alpha Phi Alpha Fraternity Inc., we wish you well in your academic pursuits.

Sincerely,

*Christopher Anderson*

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

*Marcus G. Merritt*

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

The Alpha Phi Alpha Fraternity Inc., Delta Epsilon Lambda Chapter of East St. Louis is proud to announce the Webb-McDonald Scholarship Fund. The fund is named in memory of Brother John McDonald and in honor of Brother Hezekiah Webb who serve as testaments to the importance of a college education. The scholarship is designed to encourage youth to college. By awarding scholarships, Delta Epsilon Lambda Chapter is investing in our future.

## **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 2.5 (on a 4.0 scale).
3. The applicant must provide proof of enrollment or acceptance at a two or four-year college or university 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 three letters of recommendation; (1) one faculty member, (2) an adult who is not affiliated with school activities and (3) a friend/mentor/relative.
8. The applicant must be available (if necessary) for a personal interview with scholarship committee members of Alpha Phi Alpha Fraternity Inc.
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 four outstanding students scholarships in the amount of \$1000 or more to assist them with preparing for their first semester of college 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 (Optional): \_\_\_\_\_ Illinois Resident: Yes \_\_\_\_\_ No \_\_\_\_\_  
US Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ (If you are not a US Citizen stop! Do not continue with this application)

5. Name of college/university 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 explaining the importance of having African American history as part of the school curriculum. This information will be used as supporting documentation to acquaint us with you in different ways aside from your grades, school activities and test scores. This also 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 Webb-McDonald Scholarship.

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**

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

# SCHOOL CERTIFICATION

This form must be completed in its entirety by school personnel. Please attach the most recent high school transcript along with ACT/SAT scores.

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 college

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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 \_\_\_\_\_