

APPLICATION FOR THE DR. ULRIC PRYCE SCHOLARSHIP

1. NAME: _____ AGE: _____ SEX _____

2. ADDRESS: _____

(Number, city, state, zip code)

3. HOME TELEPHONE NUMBER: _____

4. HIGH SCHOOL: _____

5. College or university choice: _____

6. Have you applied and been accepted to college? Yes () No ()

7. Composite ACT score or composite SAT score: _____

8. HONORS and AWARDS: _____

9. EXTRACURRICULAR ACTIVITIES: _____

I understand that this application is for scholarship consideration only and does not bind Zeta Psi Lambda Chapter of Alpha Phi Alpha Fraternity, Inc. to provide any educational assistance.

Applicant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____