



Friends for Life Foundation, Inc.
Roswell, Georgia

ARICKA AMOS BURRELL
Memorial Scholarship Application
2012

FRIENDS FOR LIFE FOUNDATION, INC.

ARICKA AMOS BURRELL MEMORIAL SCHOLARSHIP APPLICATION

Friends for Life Foundation, Inc. is organized exclusively for the purposes of charitable, religious, educational and scientific endeavors. Its purpose is: to support quality of life improvement for the disadvantaged, financially assist individuals and organizations in our community which enhance education, family, health, economic empowerment and the arts. Friends for Life Foundation, Inc. is organized solely for non-profit purposes, as defined in section (501(c)(3) of the Internal Revenue Code. It serves as the non-profit arm of the Phi Phi Omega chapter of Alpha Kappa Alpha Sorority, Inc. In addition to engaging in mentoring, education, health & wellness and economic development programs, we feel it is important to aid in developing talented young Americans in pursuit of higher education. We are pleased to announce the availability of the Aricka Amos Burrell Memorial Scholarship. Applications must be typed or printed legibly. We are excited about your interest in applying.

Application Deadline: Friday, March 23, 2012

The Aricka Amos Burrell Scholarship is available to female and male students. Applicants must meet all the eligibility requirements and deadlines to qualify. A panel interview is required. Scholarship awards must be applied toward tuition, educational equipment, fees and books. Eligibility for the scholarship requires that the applicant:

Is a female/male resident of North Fulton County, Georgia
 Is a high school senior with a B average or above
 Demonstrates leadership, community involvement and service
 Submits the following documents:

- o Application Checklist/Certification of Information Form
- o Complete application package – incomplete applications will not be considered
- o Official academic transcript (sealed) from your high school
- o Copy of SAT and/or ACT scores
- o Essay on a specified topic
- o Proof of acceptance at a college or university
- o Financial information form
- o Two sealed recommendation forms (from a church, high school or community leader that is NOT a relative)
- o One recent photograph for use in Friends for Life Foundation Inc.'s publications and announcements
- o Ground rules document with applicant's and parent's signatures

In addition to the above criteria, the specific requirements to receive the scholarship are identified below:

<p>ARICKA AMOS BURRELL MEMORIAL SCHOLARSHIP APPLICATION \$1,000</p> <p><i>Based on academic achievement, high ethical standards, and commitment to pursuing a degree in chosen field of study, community service, school involvement and financial assessment.</i></p>	<p><i>Aricka Amos Burrell was the niece of Kathy Amos Lamar, a dedicated member of Alpha Kappa Alpha Sorority, Inc, Phi Phi Omega Chapter for the last four years. Kathy is the sister of Archalene Amos Martin of Sacramento, California, a distinguished member of Alpha Kappa Alpha for over fifty years. Kathy relocated to Roswell, Georgia from Oak Park, Illinois where she served as the first African-American School Board President for the Oak Park, Illinois District 97 School Board. She serves as a mentor for children and youth in the North Fulton and metropolitan Atlanta communities as well as in her church. Kathy serves as a member of Ronald McDonald House Charities, the Azalea City Georgia Chapter of the Links, Incorporated, and is a member of St. James United Methodist Church, where she serves as a member of the Senior Usher Board. Kathy is married to William Lamar, Jr. and is the mother of two adult sons, Brian and Andrew Lamar. Kathy devotes time to her family and lovingly established the Aricka Amos Burrell Scholarship in memory of her niece who died of colon cancer in 2009. Aricka was a role model in her community and loved working with young people as well.</i></p>
<p>Community Service SAT score 1500 or above, ACT score 20 or above Essay Extra-Curricular Activities Demonstrated leadership abilities Female/Male High School Senior Financial Need</p>	

Name of Applicant _____

FRIENDS FOR LIFE FOUNDATION, INC.

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APPLICANT INFORMATION

Name: _____
Last First Middle

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Home phone: () _____
mm/dd/yyyy

Cell phone: () _____ Alternate phone: () _____

Email address: _____

Parents' Names: _____

ACADEMIC / COMMUNITY INFORMATION

Name of High School: _____

City: _____ State: _____ Zip Code: _____

Anticipated Date of Graduation GPA SAT SCORE ACT SCORE

List your academic achievements, honors, accomplishments and give the date(s) received.

List school organizations and time commitment.

Name of Applicant _____

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COLLEGE INFORMATION

College you plan to attend: _____

City: _____ State: _____ Zip Code: _____

Have you applied? Yes No Have you been accepted? Yes Pending notification

Anticipated major field of study: _____

LEADERSHIP

List and describe your leadership involvement over the past four (4) years.

COMMUNITY SERVICE

List any community service activities in which you have participated.

Name of Applicant _____

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MEMBERSHIP

Are you involved in any Alpha Kappa Alpha Sorority program initiatives (i.e. mentoring, educational programs)? Yes No

If yes, list the program and your mentor/facilitator's name and contact information:

Are you a previous Alpha Kappa Alpha Sorority scholarship recipient? Yes No

If yes, what year?

ESSAY

Please attach a 300-500 word essay detailing why receiving the Aricka Amos Burrell Memorial Scholarship will be essential to your ability to attend college.

CAREER GOALS

Tell us about your career goals.

Name of Applicant _____

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FINANCIAL INFORMATION

Please describe the basis of your financial need and any extenuating circumstances (e.g. single-parent family).

Anticipated Expenses for the Coming Year

Tuition \$ _____
Transportation \$ _____
Room & Board \$ _____
Books & Supplies \$ _____
Clothing \$ _____
Personal Misc. \$ _____

TOTAL \$ _____

Source of Funds for the Coming Year

Parents \$ _____
Scholarships* \$ _____
Employment \$ _____
Vacation Earnings \$ _____
Applicant Savings \$ _____
Other \$ _____
Other \$ _____

TOTAL \$ _____

** List only scholarship funds you have already been awarded*

If your source of funds for the coming year is not equal to or greater than your anticipated expenses, provide an explanation indicating how you plan to make up the difference.

Complete entire application – incomplete applications will not be considered

Name of Applicant _____

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Required Rules for Applicants to Participate in the Scholarship Selection Process

Applicants for the Aricka Amos Burrell Memorial Scholarship must meet all Eligibility Requirements as defined in the respective scholarship application.

Selection tools, selection criteria, test scores, GPAs, rankings, essays or other data used in evaluating candidates will not be shared with applicants, their parents or any other persons who are not members of the interview/selection process.

Relatives or guardians of applicants will not be allowed to participate in the application review, interview, or selection process.

Applicants and parents agree to respect the integrity of the process and the members of the Selection Committee.

All candidates will be evaluated fairly and equitably.

The decisions of the Selection Committee shall be final and binding. Explanations or rationale for decisions made will not be provided to any applicant or parent.

I certify that I have read, understood, and will abide by these required rules.

(Applicant's Signature)

(Date)

(Parent's Signature)

(Date)

Name of Applicant _____

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APPLICATION CHECKLIST/CERTIFICATION OF INFORMATION FORM

All applications must be completed in their entirety to be considered for an award. Applications must be typed or printed legibly. Before submitting your application, be sure that the following items in the checklist have been enclosed:

- Completed APPLICATION CHECKLIST and signed CERTIFICATION OF INFORMATION FORM
- One (1) original completed APPLICATION PACKAGE
- One (1) official (sealed) copy of the TRANSCRIPT
- One (1) copy of SAT and/or ACT scores
- Required typed ESSAY
- Proof of acceptance at a college or university
- Financial information form
- Two (2) sealed RECOMMENDATION FORMS as required

- One recent PHOTOGRAPH for use in Friends for Life Foundation Inc.'s publications and announcements

- Ground Rules document with applicant's and parent's signatures

Those applicants meeting the established criteria will be required to participate in a panel interview process.

Friends For Life Foundation Inc. reserves the right to eliminate any incomplete, unsigned, late or illegible applications.

Certification of Information

By signing below, I certify that the information in this application and any accompanying documents are accurate and complete to the best of my knowledge. If I am selected for a scholarship, I authorize release of biographical information and use of my photograph for use in publicity related to Friends For Life Foundation Inc.

Applicant Signature

Date

**To be considered, your application must be completed and received on or before,
Friday, March 23, 2012 -- mail to:**

Friends for Life Foundation, Inc.
Attn: Scholarship Committee
P.O. Box 2632
Roswell, Georgia 30075

**If you have any questions, please contact Friends For Life Foundation, Inc. via email:
scholarships@phiphiomega.com**

Name of Applicant _____

FRIENDS FOR LIFE FOUNDATION, INC.
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RECOMMENDATION FORM

Section I – To be completed by Applicant

Name of Applicant _____

Section II – To be completed by a high school, college, church, or community leader who knows the applicant well enough to answer questions about her leadership skills. The person completing this section must not be related to the applicant.

1. How long have you known the applicant? _____ In what capacity have you been acquainted?

2. Please give your personal appraisal of the applicant:

Category	Excellent	Good	Fair	Poor	Do Not Know
Scholastic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to obtaining a college degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goal setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. What are the characteristics that make you believe this applicant will be a successful college student?

4. Comment on the applicant's judgment, maturity, morals and values.

PLEASE SEAL AND RETURN COMPLETED RECOMMENDATION FORM IN AN ENVELOPE TO THE APPLICANT.

Signature _____ Date _____
Print Name _____ Title _____
School/Organization _____ City _____ State _____

Name of Applicant _____

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Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to obtaining a college degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goal setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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School/Organization _____ City _____ State _____