



**The Educational Scholarship Fund of the Alpha-1 Association
Scholarship Application (for career changers and returning adult students)**

Personal Information

Last Name First Name Middle Name

Name of Related Alpha Relationship to Applicant

Address

City State Zip

Telephone E-mail

Applicant Birthdate

Annual Family Income from All Sources

Educational Information

Year in College During Coming Year (circle one):

Freshman Sophomore Junior Senior Graduate Other (such as certificate)

College You are Planning to Attend

Address of College (City, State)

Full-time Student (circle): Yes No (Give number of credits if **No** _____)

Major or Course of Study

Work Experience. Using only the space provided below, list your paid work experience during the past four years, beginning with your most recent position.

Employer	Nature of Work	Dates

Service to the Alpha-1 Community. *Please describe (use additional paper if necessary).*

Attachments. 1) A copy of your most recent transcript if you are a continuing student;
2) A 500-word essay on the theme: “Lessons learned from Alpha-1”.
3) Additional materials you would like the committee to know about.
Deadline for consideration is **April 1, 2010**. For assistance, please call our office at (800) 521-3025 x16 or e-mail lkoonce@alpha1.org

Certification. I hereby affirm that the information provided on this form is accurate and complete to the best of my knowledge.

Signature

Date

Please submit the application to our office:

Alpha-1 Association
2937 SW 27th Avenue, Suite 106
Miami, FL 33133
RE: Peter Smith Scholarship
Attn: Louise Koonce

You may fax it as well: (305) 648-0089. Thank you!