



Alpha Phi Alpha Fraternity, Incorporated The Legacy Education Foundation

ZENOCH G. ADAMS SCHOLARSHIP

This scholarship honors the memory of Brother Zenoch G. Adams who was a career educator in the Metropolitan Nashville Public Schools, dedicated community advocate and faithful alumnus of Tennessee State University. The recipient receives a **one-time** award of \$1,000. The student must have a minimum of 2.5 cumulative grade point average and plan to attend Tennessee State University.

A nominee must demonstrate a drive to succeed, proven leadership ability, involvement in extracurricular activities, exemplary moral character, and high scholastic aptitude. A recommendation from a high school counselor and an academic teacher must be included with the application. Scholarship award recipients will be invited and asked to speak during annual The Legacy Education Foundation Scholarship events held each year. Applications must be post- marked by **April 15th of the current academic year**. Due to the volume of applications, you are invited to submit only one application.

Scholarship Criteria

The applicant should be:

- An Ethnic Minority male
- A graduating high school senior
- A citizen or permanent resident of the U.S.
- Committed to begin full-time study at **Tennessee State University** in the fall of the year the award is presented. **(Required for Zenoch Adams Scholarship only)**

The applicant should provide information that demonstrates:

- A minimum of a **2.5** grade point average
- Leadership
- Involvement in Extracurricular activities
- Community involvement
- Documented Financial need

The applicant should submit all documents in one envelope.

- Completed application
- Official high school transcript
- Two letters of recommendation: 1) high school counselor; 2) high school teacher. Letters must be on school letterhead, contained in a **sealed envelope with the recommender's signature on the back of the envelope**.
- Permission and Liability Waiver
- Essay: ***"The Impact of Education for a Just Society"*** (no more than 300 words) **signed by the applicant** in the bottom right corner.

The scholarship must be used for a full-time course of study at **Tennessee State University (required for Zenoch Adams Scholarship only)**, starting in the fall of the year the award is presented. Funds will be paid directly to the recipients' college or university, and will not be applied toward correspondence courses, internet courses, or study in a country other than the U.S.



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Scholarship Application

Please indicate which scholarship you are applying for: (only select **ONE**)

Mack C. Jolley [☐]

Zenoch G. Adams [☐]

Education Foundation [☐]

Applicant Biographical Information:

Name _____
First Middle Last

Permanent Address _____

(City) (State) (Zip)

Home Ph: () _____

Cell Ph:() _____

Email: _____

Date of Birth: _____ Last 4 digits of SSN# _____

Parent/Guardian of applicant: _____

Guardian ph#: _____ email: _____

Number of children in the household, including applicant _____ (Ages) _____

How many will be in college this fall? _____

Financial Need:

Annual household income \$ _____

Do you expect parental contribution toward college expenses? Yes [☐] No [☐]

If not, who will be responsible for your expenses? _____

Have you received other scholarships or grants? Yes [☐] No [☐]

If yes, list type(s) and amount(s) expected to receive: _____

Academic Profile (Transcript required):

High School _____

GPA: _____/4.0 scale (Request an official transcript from your school counselor)

ACT Score (if applicable): _____ SAT Score (if applicable): _____

Demonstrated Leadership:

Extracurricular activities: _____



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(Use additional sheets to list organizations, offices/positions held, etc.)

Awards/Honors: _____

Community Activities: _____

(Use additional sheets to list your academic honors, achievements, community activities)

Have you ever been subject to disciplinary action (i.e. suspended)? Yes [] No []

If yes, please explain. _____

College/University you plan to attend: _____

Recommendations:

(Use the attached recommendation forms. Obtain letters from a school counselor and teacher who have taught the applicant within the past 3 years on school letterhead.)

Recommendations will be provided by:

Teacher: _____/School: _____

Teacher Email: _____

Counselor: _____/School: _____

Counselor Email: _____

NOTE: Application and support documents must be postmarked by April 15th.

Mail to:

**The Legacy Education Foundation
ATTN: Dennie R. Marshall, Chairman
P.O. Box 281033
Nashville, Tennessee 37228**

Only selected applicants will be notified to interview by the Scholarship Committee.

[The Legacy Education Foundation Scholarship Committee reserves the right to verify the accuracy of the information contained in the application packet. All information will be kept confidential.]

Scholarship Award Information

- Must be a full-time student at an accredited college/university, starting Fall 2022.
- Will be paid directly to the recipient's college/university.
- Will not pay for study outside of the United States.

Applicant's Signature

Date



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The Legacy Education Foundation**

ZENOCH ADAMS SCHOLARSHIP ESSAY

The Impact of Education for a Just Society

The Zenoch G. Adams Scholarship promotes education as a necessity for a fair and just society to affect positive social change. Explain how this goal will be promoted if you are a recipient of the scholarship. Please include what you aspire to contribute to the world and include your passions. With these themes in mind, use 300 words or less to share how a college education will affect you.



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Teacher Nomination Form

APPLICANT: After filling in your name, give the form to a teacher (must have taught you within past 3 years) to complete and return to you in a sealed envelope, with the signature of the reference on the back.

Student Name: _____

TEACHER: Please tell us to what extent the applicant has demonstrated full use of their intellectual potential. How would you describe the applicant's values and character? Are there other factors that may be relevant?

Teacher's Signature

Date



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School Counselor Nomination Form

APPLICANT: After filling in your name, give the form to your school counselor to complete and return to you in a sealed envelope, with the signature of the reference on the back.

Student Name: _____

School Counselor Name: _____

School Counselor Email: _____

School Counselor: Please tell us to what extent the applicant has demonstrated full use of their intellectual potential. How would you describe the applicant's character?

(Please attach a copy of the applicant's transcript)

Counselor's Signature

Date

(Please attach a copy of the applicant's transcript)



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**P.O. Box 281033
Nashville, Tennessee 37228**

Permission and Liability Waiver for Scholarship Recipients/Applicants

I _____ grant permission for my likeness,
(PRINT STUDENT NAME)

in all forms, to be used in all media, including but not limited to photographic images and video on The Legacy Education Foundation promotional materials. Such promotional materials may include, but not be limited to Website, Brochures, E-Newsletters and print mediums. I expect absolutely no compensation for the use of my likeness in these promotional materials.

I release all claims for copyright or ownership. Furthermore, I authorize The Legacy Education Foundation to use my likeness, in all forms, including but not limited to name, voice, image, and biography for publicity or promotion without any compensation or payment being made for any such use or further use thereof on an unlimited basis in all markets and in all media now known or hereafter created. I have read the release and waiver of liability and fully understand its consent. I voluntarily agree to the terms and conditions stated above.

Further, I hold The Legacy Education Foundation, the Tau Lambda Chapter of Alpha Phi Alpha Fraternity, Inc., and Alpha Phi Alpha Fraternity, Inc..

(Student Signature)

(Date)

If Participant is Under 18 (must be at least 17 years of age):

I, _____ as legal guardian of _____,
(print guardian name) (print student name)

consent to the above listed terms and conditions.

Parent/Guardian Signature: _____ Date: _____

“Manly Deeds, Scholarship and Love for all Mankind”