



BEAUTILLION SCHOLARS PROGRAM

DELTA LAMBDA CHAPTER OF ALPHA PHI ALPHA FRATERNITY, INC.

2014-15
12TH GRADE APPLICATION



September 1, 2014

Dear Parents and Students,

The Delta Lambda Chapter of Alpha Phi Alpha Fraternity, Incorporated is excited to announce that applications for our thirteenth class of the Beautillion Scholars Program is now available! **During the Beautillion experience, the young men who are called "Beaus" are presented with a variety of self-enrichment and personal development workshops designed to facilitate the beaus' transition from adolescence to adulthood, from high school to college and to help them in raising scholarship money.** In May, at the culmination of our program, we celebrate their success by sponsoring a **Black & Gold Ball and Beautillion.**

Our Black & Gold Ball and Beautillion is a formal presentation that celebrates the beaus' development, accomplishments and talents. The highlight of this evening will be the presentation of college scholarships to each beau! Last year, beaus, with the help of the fraternity, raised approximately \$35,000 in scholarships that were distributed to the twenty young men who comprised the 2014 Beautillion class. Since the inception of the program, we have awarded more than \$300,000 in scholarships.

Please review the application and the schedule of our workshops listed on our website. **If you believe your son will benefit from our program, please complete the attached application or visit our website to complete an online application by Friday, October 10th.** A nominal participation fee of \$225.00 will be assessed for each beau to help defray program expenses. Beaus will be encouraged to identify "sponsors" who might help pay this fee and support them in multiple ways throughout the program. Many members of the Delta Lambda Chapter are willing to assist as well. The fee may be paid in installments. If your son is selected, a deposit of \$50.00 is due on October 15, 2014 during our parent and beau orientation session.

I would gladly meet with your staff to clarify any questions you may have. I may be reached at 410-921-6876. You may also find more information at www.deltalambda.org or by email at beautillion@deltalambda.org.

I look forward to hearing from you.

Sincerely,



Antoine A. Banks, Chairman
2014 Beautillion Scholars Committee



Application Criteria For 12th Grade Applicants

- Applicant must have sound academic ability and possess a strong desire for learning
- Applicants must have no behavioral reprimands within the past school year
- Applicant must be a resident of the Baltimore metropolitan area
- Applicant must be in the 12th grade for the 2014-15 academic year
- Applicant must have expressed interest in attending college
- Applicant must be a non-parent
- Application must be completed and signed by the applicant and parent

A complete application packet includes the following:

- 1 Completed and signed application per student
- 2 Completed student appraisal forms
- Parental Consent and Medical Release signed by student and parent/guardian
- A copy of your most recent report card or unofficial transcript.
- A current headshot (emailed to beautillion@deltalambda.org – **Subject:** Student's Name)

To complete the application process, **you must visit our website to book your interview**

appointment. ****Interview dates are October 4th and 5th and October 11th and October 12th ****

Program Fee **(Not due until January 23, 2015)**

- A \$225.00 program fee.
 - Please visit our website: www.deltalambda.org for a sample schedule
 - **Note:** the program fee timeline may be adjusted however all monies must be paid by January 23, 2015.

All applications will be reviewed by the Beautillion Scholars Program Committee and accepted students will be notified via email during the week of October 6th. If you are selected, a mandatory Beau & Parent informational session will take place on Wednesday, October 15th, 2014. A program deposit of \$50.00 is due at that time.

Application deadline:
Friday, October 10, 2014



2015 Beautilion Scholars Program Application - Senior

(Please TYPE or PRINT all information in ink)

STUDENT INFORMATION

Student's Name: _____ Phone Number: _____

Home Address: _____

Permanent Email Address: _____ Date of Birth: _____

Student's cell phone: _____ *Sometimes we communicate via text messages, do you have unlimited text messages: (Yes/No):* _____

Student's Facebook Info: _____@facebook.com

MEDICAL INFORMATION: None: _____ Allergies: _____ Asthma: _____ Other: _____

Note: The Beautilion Program does not have staff who are trained or licensed to dispense any type of medication to students. Further, the Beautilion Program does not have staff with any specialized or advanced training in caring for children with special needs.

Please list any special dietary needs: _____

SCHOOL INFORMATION

School Name: _____ Current Grade Level: 12th Grade

School's Counselor's Name: _____

Current GPA: _____ on a 4.0 scale.

PARENT/GUARDIAN INFORMATION

Parent(s)/Guardian(s) name: _____

Relationship to Student: _____ Parent(s) _____ Aunt/Uncle _____ Grandparent(s) _____ Other: _____

Primary Phone: _____ Home _____ Cell _____ Work _____

Alternative Phone: _____ Home _____ Cell _____ Work _____

Parent(s) E-mail Address: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Emergency Contact Phone: _____

Relationship to Student: _____ Parent(s) _____ Aunt/Uncle _____ Grandparent(s) _____ Other: _____



SCHOOL INFORMATION

(Estimated) Date of Senior Prom: _____ (Estimated) Date of Spring Break: _____

ACT Test Dates: _____

SAT Test Dates: _____

Outstanding achievements/awards: _____

Please indicate if you currently play any of the following sports for your high school or league:

<input type="checkbox"/> Football	<input type="checkbox"/> Basketball
<input type="checkbox"/> Soccer	<input type="checkbox"/> Tennis
<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Baseball
<input type="checkbox"/> Wrestling	<input type="checkbox"/> Other: _____

Between what months is this sport normally played?: _____

What days are practice normally held?: _____

Extracurricular Activities/Hobbies: _____

EMPLOYMENT INFORMATION

Are you currently employed: ☐ Yes ☐ No

Where do you work? _____

What days do you work? _____ How many hours per week: _____

FUTURE INFORMATION

What are the changes needed in your life to make you successful in college? Please explain. _____

How can this program help you in achieving your goals in life? Please explain. _____



PROGRAM REFERRAL

How did you hear about our program?

☐ Parent/Guardian
☐ Fraternity Member
☐ Teacher
☐ Website

☐ Relative
☐ Guidance Counselor
☐ Former Beautillion Participant
☐ Other: _____

If you were referred to our program by someone, what is the name and email address of the person who referred you?

Referrer's Name: _____

Referrer's Email Address: _____

COLLEGE INFORMATION – FUTURE PLANS

Which Colleges/Universities you are interested in attending?

Have you Applied?

1. _____

☐ Yes ☐ No

2. _____

☐ Yes ☐ No

3. _____

☐ Yes ☐ No

4. _____

☐ Yes ☐ No

5. _____

☐ Yes ☐ No

6. _____

☐ Yes ☐ No

7. _____

☐ Yes ☐ No

8. _____

☐ Yes ☐ No

9. _____

☐ Yes ☐ No

10. _____

☐ Yes ☐ No

11. _____

☐ Yes ☐ No

12. _____

☐ Yes ☐ No

What Major(s) are you considering? _____

Have you applied for Federal Student Aid? ☐ Yes ☐ No

Tell us about some of your concerns about college? _____



PLEASE MARK YOUR RESPONSE TO THE QUESTIONS BELOW

Your responses to the questions below are confidential and will help us understand more about the youth we serve and do not impact your child's eligibility to participate in this program.

Does the Student receive free or reduced cost lunch at school? ☐ Yes ☐ No

Is the Student's primary household headed by:

- | | |
|--|---|
| <input type="checkbox"/> Two parents | <input type="checkbox"/> Grandparent(s) |
| <input type="checkbox"/> Single Female | <input type="checkbox"/> Foster Home |
| <input type="checkbox"/> Single Male | <input type="checkbox"/> Other: _____ |

What is the highest level of education completed by either of the Student's parents or guardian?

- | | |
|---|--|
| <input type="checkbox"/> Did not complete high school | <input type="checkbox"/> Completed 2-4 year degree |
| <input type="checkbox"/> Completed high school or GED | <input type="checkbox"/> Completed graduate level degree |
| <input type="checkbox"/> Some college, but did not graduate | <input type="checkbox"/> Unknown |

What county does the Student primarily live in?

- | | |
|---|---|
| <input type="checkbox"/> Baltimore City | <input type="checkbox"/> Baltimore County |
| <input type="checkbox"/> Anne Arundel | <input type="checkbox"/> Howard |
| <input type="checkbox"/> Harford | <input type="checkbox"/> Prince George's |
| <input type="checkbox"/> Montgomery | |

Has the Student had previous contact with the Juvenile Justice System or Truancy Court or the Criminal Justice System?

- ☐ No ☐ Yes, within the past year ☐ Yes, more than a year ago

PLEASE INITIAL THE ITEMS BELOW AND SIGN AT THE BOTTOM OF THE PAGE

- _____ I, the Parent/Guardian of the Beautillion Program participant have read the attached material and give my permission for him to participate in the Beautillion Program and any related activities including travel to designated cultural and educational events.
- _____ I agree to have my son(s) at the Delta Lambda Foundation Outreach Center, 1501 N. Dukeland Street, by 9:00am, Saturday morning for educational and enrichment sessions from October – March, and 4:45pm, Sunday afternoons for promenade rehearsals from March – May.
- _____ I authorize the Delta Lambda Chapter and its Foundation to use photographic, video, or digital images in which I or my son appear in publications used for the purposes of education, information, promotion, public relations, and fundraising. I understand that I will receive no payment for the use of images in which my child or I appear.
- _____ I hereby release the Delta Lambda Chapter, its Foundation, its members and agents from any and all liability for injuries to my son/ward, except for injuries caused by the intentional acts of its volunteers or members.
- _____ I acknowledge the \$50 assessment fee deposit for the Beautillion Program is non-refundable. I understand that the deadline to pay the remaining balance of \$175 is January 23, 2015. All checks should be made payable to the Delta Lambda Chapter.
- _____ I certify with my signature below that I understand the fee structure as outlined in this document. I also recognize that the aforementioned program schedule is tentative and the Delta Lambda Chapter's Beautillion Committee reserves the right to make changes to the scheduled programmed activities. Furthermore, I also certify with my signature that all information submitted on this Beautillion Program application is truthful and accurate.

Applicant's Name: _____

Print/Type Name of Parent/Guardian: _____

Parent/Guardian Signature: _____



**Alpha Phi Alpha Fraternity, Inc.
Delta Lambda Chapter**

PARENTAL CONSENT & MEDICAL RELEASE

I _____ hereby grant permission for _____ to take part in the 2015 Beautillion Program which is sponsored by the Delta Lambda Chapter of Alpha Phi Alpha Fraternity, Inc.

I also agree, on behalf of myself and the participant, not to make any claims or demands of any kind against the Delta Lambda Chapter of Alpha Phi Alpha Fraternity, Inc., employees or agents for any loss or injury that the participant might sustain while engaged in the Beautillion Program including transportation to and from the program site.

In the event of an emergency and the inability of the Delta Lambda Chapter officers to obtain my consent, I authorize such physician or medical staff as the Delta Lambda Chapter of Alpha Phi Alpha Fraternity, Inc. may designate to carry out any minor medical/surgical treatment and/or medication necessary, or to take the participant to the nearest emergency facility, and I/we further authorize its medical staff to provide any treatment deemed necessary for the well-being of the participant.

Parent/Guardian Name: _____ Relationship: _____

Parent/Guardian Signature: _____ Date: _____

Signature of Student: _____ Date: _____

In case of an emergency, which hospital or urgent care do you prefer to have your child transported?

Hospital/Urgent Care Facility: _____

Hospital/Urgent Care Address: _____

Primary Care Physician's Name: _____





STUDENT APPRAISAL FORM - PART 1

(At least one form must be completed by a school official. All forms must be handed back to us in a sealed envelope during your scheduled interview time.)

TO BE COMPLETED BY STUDENT

After filling in your name and school's name below, give this form to your teacher, guidance counselor or principal and ask that he/she complete the appraisal form and place it within a sealed envelope and return back to you prior to your interview time slot.

Student's name: _____

School's Name: _____

TO BE COMPLETED BY SCHOOL OFFICIAL

After filling in the blanks below, use both sheets of this form to describe the applicant.

This student ranks _____ in a class of _____ students and has a cumulative GPA of _____ on a _____ scale.

Of this student's graduating class, _____ % plan to attend a four-year college.

How long have you known this student? _____

In what context have you known the applicant? _____

What are the first words that come to your mind to describe the applicant? _____

In your own words, how can our male mentoring program assist this student? _____

School Official's name (please print or type): _____

Position: _____

Office telephone: _____

SCHOOL OFFICIAL is defined as a Teacher, Guidance Counselor, College Counselor, Assistant Principal, or Principal

Signature: _____

Date: _____

Your responses to all questions are confidential and help the Delta Lambda Chapter's Beautillion Program know more about the youth we serve.





STUDENT APPRAISAL FORM - Part 2

Please feel free to write whatever you think is important about this student, including a description of his personal characteristics. If you are familiar with our program or programs similar to ours, please describe how the beautillion (male mentoring-rites of passage) program can assist this student achieve success in life and future endeavors. We are particularly interested in your assessment of the student's family dynamics, intellectual promise, motivation, relative maturity, integrity, independence, initiative, leadership potential, capacity for growth, and enthusiasm. We welcome information that will help us to differentiate this student from others.

Student's Name: _____

(Optional) → I recommend this student: ___ With reservation ___ Fairly Strongly ___ Strongly ___ Enthusiastically

Signature: _____ Date: _____

Please return this form to the student in a sealed envelope. If you wish to return this form directly to us, please mail to the **Delta Lambda Chapter, Attn: Antoine A. Banks, P. O. Box 7087, Baltimore, MD 21216.** We are grateful for your assistance.





STUDENT APPRAISAL FORM - PART 1

(At least one form must be completed by a school official. All forms must be handed back to us in a sealed envelope during your scheduled interview time.)

TO BE COMPLETED BY STUDENT

After filling in your name and school's name below, give this form to your teacher, guidance counselor or principal and ask that he/she complete the appraisal form and place it within a sealed envelope and return back to you prior to your interview time slot.

Student's name: _____

School's Name: _____

TO BE COMPLETED BY SCHOOL OFFICIAL

After filling in the blanks below, use both sheets of this form to describe the applicant.

This student ranks _____ in a class of _____ students and has a cumulative GPA of _____ on a _____ scale.

Of this student's graduating class, _____ % plan to attend a four-year college.

How long have you known this student? _____

In what context have you known the applicant? _____

What are the first words that come to your mind to describe the applicant? _____

In your own words, how can our male mentoring program assist this student? _____

School Official's name (please print or type): _____

Position: _____

Office telephone: _____

SCHOOL OFFICIAL is defined as a Teacher, Guidance Counselor, College Counselor, Assistant Principal, or Principal

Signature: _____

Date: _____

Your responses to all questions are confidential and help the Delta Lambda Chapter's Beautillion Program know more about the youth we serve.





STUDENT APPRAISAL FORM - Part 2

Please feel free to write whatever you think is important about this student, including a description of his personal characteristics. If you are familiar with our program or programs similar to ours, please describe how the beautillion (male mentoring-rites of passage) program can assist this student achieve success in life and future endeavors. We are particularly interested in your assessment of the student's family dynamics, intellectual promise, motivation, relative maturity, integrity, independence, initiative, leadership potential, capacity for growth, and enthusiasm. We welcome information that will help us to differentiate this student from others.

Student's Name: _____

(Optional) → I recommend this student: ___ With reservation ___ Fairly Strongly ___ Strongly ___ Enthusiastically

Signature: _____ Date: _____

Please return this form to the student in a sealed envelope. If you wish to return this form directly to us, please mail to the **Delta Lambda Chapter, Attn: Antoine A. Banks, P. O. Box 7087, Baltimore, MD 21216.** We are grateful for your assistance.





APPLICATION CHECKLIST

- ___ Completed all questions on pages 2 thru 5;
- ___ Initialed all items on page 5 and signed where required;
- ___ Attached a copy of the student's most recent Report Card;
- ___ Attached or emailed an updated "headshot" of the applicant;
- ___ Returned pages 2-6, a copy of the student's most recent report card and a headshot to:

Delta Lambda Chapter – BSP

Attn: Antoine A. Banks

P. O. Box 7087 | Baltimore, MD 21216

Email: beautillion@deltalambda.org

- ___ **Please note:** Both Student Appraisal Forms must be handed back to us in a **sealed envelope** during your scheduled interview time.

Application deadline:

Friday, October 10, 2014



BEAUTILLION SCHOLARS PROGRAM

DELTA LAMBDA CHAPTER OF ALPHA PHI ALPHA FRATERNITY, INC.



2014 BEAUTILLION SCHOLARS PROGRAM *in Action*

