



Alpha Lambda Delta

National Honor Society for First-Year Students

Graduate Fellowship Application

PROGRAM INFORMATION

About the Program

Each year Alpha Lambda Delta awards one \$7,500 fellowship, one \$6,000 fellowship, eight \$5,000 fellowships, and sixteen \$3,000 fellowships. These fellowships have been established to help qualified members obtain graduate or professional degrees. Candidates will be considered on the basis of merit. Fellowship recipients will be announced by April 30, 2017.

Eligibility

Any initiated member of Alpha Lambda Delta who has maintained a 3.5 (on a 4.0 scale) cumulative grade point average through graduation is eligible to apply. Members graduating this year may apply if they have achieved this average at the end of the first semester (or first quarter) of the current year. In determining the average of eligibility, the decimal point must be .5 or above, not a .49 or any other average less than .5. Selection will be based on academic records, recommendations submitted, the essay questions, and campus and community activities.

Application Procedure

- All application materials must be **postmarked on or before January 31**. Application packets postmarked after January 31 will be returned to the sender. A copy of grades for the last grading period should be forwarded as soon as possible. Send your application to: Alpha Lambda Delta, PO Box 444, Fairport, NY 14450
- Supply all information requested. **An incomplete application will not be forwarded to the selection committee.** Applications must be typed; the online form permits users to input the requested information and then print the completed application. Handwritten applications will not be considered.
- Arrange to have a complete **official transcript** of all academic work, undergraduate and graduate (if applicable), sent to the Alpha Lambda Delta National Office.
- List no more than three persons from whom you have requested **letters of recommendation**. At least one letter of recommendation should be from a faculty member who can speak about your ability to do graduate work in your chosen field. One additional letter is required from a person of your choice. Your Alpha Lambda Delta chapter advisor may not write a letter of recommendation.

Fellowship Stipulations

- Acceptance of the fellowship obliges the recipient to begin and complete the year of study outlined in the application. The recipient must be **enrolled full-time** and must be working toward an advanced degree.
- Any request by a recipient for an exception to the previously stated will be directed to the Alpha Lambda Delta National Office.
- A fellowship **will not be awarded for travel outside of the United States** (unless the funds are to be paid to a college or university in the United States), or for independent research or study.

Responsibilities of the Recipient

- Notify Alpha Lambda Delta National Office promptly of the acceptance of the fellowship.
- Upon registration, request the Registrar of the graduate institution to send enrollment verification to: Alpha Lambda Delta, PO Box 444, Fairport, NY 14450. The fellowship funds will be sent directly to the recipient's university.



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APPLICATION

General Information

Name:

Birthdate:

Email address:

Alternate email address:

Phone:

Present address (street, city, state, zip):

Permanent address (street, city, state, zip):

Alpha Lambda Delta Membership

Year initiated into Alpha Lambda Delta:

College at which you were initiated:

Name initiated under (if different than current):

Have you previously received an ALD fellowship? No Yes

If yes, when?

**Please Note: Preference is given to applicants who have not previously received an ALD Graduate Fellowship*

Undergraduate *(If more than one institution, please list all)*

Undergraduate institution:

Major:

Year degree granted:

Hours earned:

Quality or grade points earned:

Cumulative average:

Graduate

Graduate degree sought:

Field:

Date entering graduate school:



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Cumulative average (if currently enrolled):

List, in order of preference, institutions where you have applied for graduate study:

Name of Institution	Date Applied	Application Status

List graduate scholarships, fellowships, or assistantships that you have applied for to date:

Type of Aid	Amount	Application Status

Test Scores

Send a copy of scores on graduate entrance exams (e.g. GRE, LSAT, MCAT, etc.). ETS code 0921. A photocopy of your test scores is acceptable. If no graduate exam is required for your graduate program, please indicate by checking the appropriate box below:

- I have enclosed a copy of my test scores with this application.
- A copy of my test scores will be forwarded separately.
- No graduate exam is required for my program; therefore, no test scores are included.

Personal Information & Essay Questions

Please respond to all questions on a separate paper and attach to the application. Please be sure to place in reverse chronological order, listing most recent items first. Please answer questions 1 – 3 in a bulleted list format.

1. List your employment information, showing company or institution, dates, positions held, and status (full-time, part-time, summer).
2. Briefly summarize your significant campus activities, community activities, organizational memberships, and offices held.
3. List all honors and recognitions received.



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4. In 500 words or less, discuss the value of Alpha Lambda Delta to your college success and what value you added to ALD as a member of your chapter.
5. In 500 words or less, please state your future professional objectives. If you have a particular research topic in mind, describe it briefly. Please be sure to include any additional information that you think will be helpful when considering your application, but do NOT include any statements regarding financial need.

References

List persons from whom you have requested recommendations. **Two are required.** One must be a faculty member. **List no more than three.** An Alpha Lambda Delta Recommendation Form (final page of this application) should be used. Your ALD chapter advisor may not write a letter of recommendation.

1. Faculty member:

Position:

Email address:

2. Name:

Position:

Email address:

3. (Optional) Name:

Position:

Email address:

Applicant's Certification

I have examined this application and certify that all information given in it is complete and accurate to the best of my knowledge. I have attached all required documents and have provided for any other necessary papers to be forwarded to Alpha Lambda Delta National Office. I have read and agree to the fellowship stipulations and recipient's responsibilities. If I receive an Alpha Lambda Delta Graduate Fellowship, I agree to use it for the purpose and at the time stipulated in this application. I have not violated the code of academic integrity (or the equivalent) at any institution at which I have been a student.

Signature:

Date:

Postmark this application, reference letters, transcripts, & copy of test scores by January 31, 2017 to:

Alpha Lambda Delta, PO Box 444, Fairport, NY 14450



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Reference Form

Name of Applicant:

Recommender:

The applicant named above has given your name as one who can evaluate her/his qualifications for graduate or professional study. Please indicate below your impressions of the person's 1) potential for scholarly and original work as a graduate student; 2) seriousness of purpose; and 3) character or personality. Any observations you can provide on qualities of leadership, initiative, enthusiasm, adaptability, etc., will be appreciated.

Place this form in an envelope. Return form to applicant to send with all materials which must be postmarked on or before January 31, 2017.

Signed:

Date:

Position: