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The application will be rated on appearance, verifiability of information, clarity, and evidence of achievements. Incomplete applications will not be considered.

Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First)

Date of Birth \_\_\_\_\_

Permanent Address: \_\_\_\_\_

State: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code : \_\_\_\_\_

Email Address: \_\_\_\_\_

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G.P.A. \_\_\_\_\_ Major/Minor: \_\_\_\_\_ Classification: \_\_\_\_\_

Campus/Community Activities: (Include offices held, honors, and awards) if additional space is needed please attach a separate sheet.

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Phi Beta Sigma Fraternity  
Alpha Delta Chapter

North Academic Center  
Room 1/210  
160 Convent Avenue New  
York NY 10031  
Web: [www.pbsad.org](http://www.pbsad.org)  
Email:  
[alphadelta@pbseast.org](mailto:alphadelta@pbseast.org)



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## APPLICATION REQUIREMENTS

(1) Official transcript.

(2) A three page essay on any one of the following topics; please type all information. The essay should be thoughtfully and clearly written, but succinct.

- A. Service. What is service? Do service organizations play a vital role in society? If so what is this role and how would you change it? What does service mean to you? Your essay should include a personal account of how service has affected your life while providing evidence to answer all questions.
  - B. My Career. Tell us about your career choice, why you chose this field? How you plan on reaching your goal(s). What obstacles you have overcome so far? What are some problems you may face on the road you have chosen? How do you plan on overcoming these problems?
  - C. A history of me. How has your cultural background influenced you. Who in your life has had the greatest influence on you and how? Do you believe your background has influence on the choice you make today and why? Given the opportunity, what would you do to change your community now and why would you implement these changes?
- (3) Two (2) letters of recommendation.
- A. Institution source (from a professor preferably with institution letter head)
  - B. Precessional ( from employer, former employer or other professional source)

\_\_\_\_\_ (Sign Name) \_\_\_\_\_ (Date)

**\*\*\* All completed applications and documents should be submitted to Phi Beta Sigma Fraternity, Inc Alpha Delta Chapter City College of New York North Academic Center Room 1/210 160 Convent Avenue New York NY 10031 \*\*\***

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Alpha Delta Chapter

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