

Kappa Alpha Psi Fraternity, Inc.
Scholarship Application
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TELL US ABOUT YOUR HIGH SCHOOL.

School _____ Phone _____

Address _____
_____ Principal _____

SAT Score: Verbal _____ Math _____ Combined SAT Score _____ or

ACT Score: Combined Score _____

Class Rank: _____ out of _____ GPA: unweighted _____ or weighted _____

Graduation Date ____/____/____

Please list your extracurricular activities at school and/or in the community.

Please list awards, honors, or special recognitions you have received.

TELL US ABOUT THE COLLEGE OR UNIVERSITY YOU PLAN TO ATTEND.

School _____

_____ City State

Have you been accepted? ___Yes ___No Semester you plan to begin: ___Summer ___Fall of 20____

PLEASE ENCLOSE AN OFFICIAL HIGH SCHOOL TRANSCRIPT WITH THE APPLICATION.

Turn the page to complete the application.

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TELL US ABOUT YOUR REFERENCES.

List the names, addresses, and phone numbers of the two references (other than family members) you have contacted to write letters of recommendation. One of them must be a teacher from your school. Please include the letters with your application or ask your references to mail them directly to the fraternity.

Name _____	Name _____
Position _____	Position _____
Address _____	Address _____
_____	_____
Phone: _____	Phone: _____

TELL US SOMETHING ABOUT YOUR ASPIRATIONS AND CAREER GOALS.

On a separate sheet of paper, please write a typed essay (approximately 300 words—organized, developed with specifics, and free of grammatical errors) about your aspirations and career goals and the reason you should be a recipient of a scholarship from **Kappa Alpha Psi Fraternity, Inc.** Please type your essay, double-spacing the lines.

CHECK TO BE SURE THE APPLICATION PROCESS IS COMPLETE.

- Completed Application
- Typed Essay
- References (2) () enclosed with application () to be mailed
- Official high school transcript () enclosed with application () to be mailed

NOTE: Any omission of information or other materials will delay or disqualify the processing of your application.

I hereby state that the information contained in this application is true and complete.

Student's Signature

Parent's Signature

RETURN THE COMPLETED APPLICATION TO MR. LARRY B. JOHNSON AT KAPPA ALPHA PSI FRATERNITY, INC., ANNAPOLIS ALUMNI CHAPTER, P.O. BOX 628, GAMBRILLS, MD 21054-0628