



San Diego Alumni Chapter
Kappa Alpha Psi
Fraternity, Inc.
Scholarship Application

The San Diego Alumni Chapter of Kappa Alpha Psi Fraternity, Incorporated is active in our community. We provide several programs that support the greater San Diego community and award scholarships to male students of African-American descent who plan to attend a four (4) year University or College. It's our purpose is to encourage and reward the success of San Diego students who are pursuing higher education.

Eligibility Requirements for Scholarship Applicants:

- Graduating high school male of African-American descent.
- Attend a San Diego County High School and be a resident within San Diego County. (Resident is defined as a student with a permanent legal San Diego County address, who physically resides in San Diego.)
- Minimum cumulative GPA of 3.0 (on a 4.0 scale).
- Provide proof of completion of ACT and/or SAT standard exam
- Provide Official High School Transcripts certifying the required GPA, and verification signed by a school administrator.
- Provide one (1) letter of recommendation from a school staff member at the school of attendance.
- Provide one (1) letter of recommendation from a person in the community.
- Provide a one-page personal statement that highlights the applicant's views on current issues that are important to him/her which outlines their motivation to seek a higher education.

Applications will be received March 1st through May 1st. Application submissions must be postmarked by May 1st to be accepted. Applications are screened and evaluated by the Scholarship Committee. Interviews of selected applicants will be conducted between April 16th and the end of May. Scholarship recipients are notified of award in June.

All documents must accompany the Scholarship Application and received by the Scholarship Chairman by May 1st.

**Completed applications should be sent to:
Kappa Alpha Psi Fraternity
C/O Scholarship Committee
P.O. Box 740822
San Diego, CA 92174**

Requirements for Award of Scholarship if Selected:

- Submission of original and official signed documentation from the Office of Administration/Records certifying enrollment in an accredited four (4) year college or university institution.
- Original and official signed documentation from the Office of Administration/Records certifying enrollment must be received by mail to the Scholarship Committee within six (6) months of receiving official written notification of scholarship award.
- Any indecent, immoral, or illegal activity shall constitute grounds for the termination of this award.



SCHOLARSHIP APPLICATION



DIRECTIONS: Student, please complete the sections as indicated. Return application with all requested documentation to the San Diego Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. Please refer to list of eligibility requirements before completing this application. In addition, please note that the application **MUST** be legible.

SCHOLARSHIP APPLICANT INFORMATION

Students Name:		
Home Address:		
City:	State:	Zip Code:
Home Phone: ()	Mobil Phone: ()	
Email Address:		
Parent/Guardian Name:		
Contact Phone: ()	Email Address:	
Parent/Guardian Name:		
Contact Phone: ()	Email Address:	

HIGH SCHOOL INFORMATION

High School:		
Address:		
School Phone: ()	State:	Zip Code:
G.P.A.:	SAT Score:	ACT Score:
School Counselor Name:		
Office Phone: ()	Email Address:	

EDUCATION OBJECTIVES

4 Yr University or College you plan to attend:		
City:	State:	Zip Code
Major:	Minor:	

APPLICATION CERTIFICATION

I hereby declare that all information submitted in this application package is accurate. Any false information may disqualify my application. I am willing to appear before the Scholarship Committee for a personal Interview and will provide all information requested as per the instructions listed on page two of this application package. I agree to accept the decision of the Scholarship Committees and will provide all requested documents if selected for Scholarship Award. I further understand that any immoral or illegal activity shall constitute grounds for the termination of this award as determined by the Scholarship Committee.

Student's Signature:	Date:
Parent or Guardian:	Date:

San Diego Alumni - Kappa Alpha Psi Scholarship Committee Only

SDAC Name:	Date Received:
SDAC Signature:	