



Kappa Alpha Psi Fraternity, Incorporated®
Edwardsville / Collinsville Alumni Chapter

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Edwardsville/Collinsville Alumni Chapter
2022-2023 Scholarship Application

Applicant Name:

LAST FIRST M.I.

Mailing Address:

NUMBER AND STREET NAME

CITY STATE ZIP CODE

Date of Birth: _____

Telephone Number: _____ Email Address: _____

High School Name: _____

Class Rank: _____ ACT/SAT Score: _____ G.P.A.: _____

College or University You Plan to Attend:

City/State of College or University:

Major: _____ Minor (if applicable): _____



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COMMUNITY ACTIVITY RECORD

(1) Please complete this record with information regarding your participation in any community-based organizations during your high school years. Please specify any positions or offices held. **Also include documentation from the community official documenting the actual number of hours that you volunteered with their organization.**

(2) Please list any community awards/honors/achievements and place an X in the year column indicating the year(s) of receipt.

Community Organizations / Activities	Offices Held (if any)	9 th	10 th	11 th	12 th

Community Awards/Honors/Achievements	9 th	10 th	11 th	12 th



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APPLICANT STATEMENT

Please describe in 300 words or less why you should be considered for this scholarship/award. Please include your personal attributes, unique qualities, and your future goals. Your statement must be typed, double spaced using a 12-point font, and must be attached to this application.

REFERENCE LETTERS

Please submit two letters of reference from those who have an in-depth knowledge of the applicant. Evaluators of this application are looking for 2-3 concrete reasons why the applicant should be given consideration for this scholarship/award. Reference letters should be typed, placed in a sealed envelope, and returned with this application.

OFFICIAL HIGH SCHOOL TRANSCRIPT

Please include an official school transcript. The official transcript should also include the ACT/SAT score. The official transcript should be in a sealed envelope and attached to this application.

COLLEGE/UNIVERSITY ACCEPTANCE LETTER

Please include a copy of the letter of acceptance from the college/university you plan to attend.



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SIGNATURE PAGE

By signing below, I HEREBY AFFIRM that the information contained in this application is true and accurate. I also affirm that I intend to be enrolled in an accredited four-year school of higher education as a full-time student in a degree program. I understand that no funds will be received until the Edwardsville/Collinsville Alumni Chapter of **Kappa Alpha Psi Fraternity, Incorporated®**. receives official notification from the Registrar's Office of the college/university that I am attending verifying my full-time enrollment status.

SIGNATURE OF APPLICANT

DATE

PRINTED NAME OF APPLICANT

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PRINTED NAME OF PARENT/LEGAL GUARDIAN