



2020 Scholarship Award Information

The **San Antonio Kappa Alpha Psi Education Foundation** exists as the philanthropic arm of the San Antonio Alumni of Kappa Alpha Psi Fraternity, Incorporated®. Kappa Alpha Psi Fraternity, was founded in 1911 on the campus of Indiana University in Bloomington, Indiana, with the motto of "Achievement in Every Field of Human Endeavor." The San Antonio Kappa Alpha Psi Education Foundation sponsors scholarships for San Antonio area high school seniors in support of the fraternity's enduring commitment to encouraging achievement and leadership in those who desire to pursue higher education.

QUALIFICATIONS

Applicants should meet the following requirements:

- Graduating high school senior
- Minimum 2.5 grade point average
- Have taken the SAT or ACT
- Enroll in a college/university in the Fall Semester immediately following graduation.

APPLICATION PROCESS

Applicants must submit all of the items listed below in order to be considered complete.

*(Please note that incomplete applications will **not** be considered.)*

- ✓ **Typed** application
- ✓ Two letters of reference from a counselor, department head or classroom instructor
- ✓ One letter of reference from a community member at large
- ✓ School transcript showing GPA, SAT/ACT scores and class rank
- ✓ Autobiographical/Personal Statement (Essay, 200 words-typed)



APPLICATION PROCESS (cont.)

Applicants can apply on or before March 31, 2020 at <http://www.sakapedfoundation.org>

Mailed applications should be postmarked on or before **March 31, 2020**. Please mail completed application packet to the address listed below.

SAN ANTONIO **KAPPA ALPHA PSI** EDUCATION FOUNDATION
SCHOLARSHIP COMMITTEE
P.O. BOX 10240 • SAN ANTONIO, TEXAS 78210

AWARDS

The scholarship award will be paid in one installment (during the fall semester). Awards will be paid once official notice of registration from university/college has been received.

REVISIONS

The San Antonio Kappa Alpha Psi Education Foundation reserves the right to review conditions and procedures of this scholarship and to make any changes at any time including termination of the scholarship program.

For additional information or question, please contact Brian Coleman at (210) 269-9880 or email at cpacoleman@gmail.com



Scholarship Award Application

*Deadline: Submitted online/postmarked on or before **March 31, 2020***

*Please note **incomplete** applications will **not** be considered.*

*Please answer all questions. Application must be **typed**.*

PERSONAL INFORMATION

High School: _____

Name: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ Alternate Number: _____

E-mail address: _____ Date of Birth: _____

Parent(s)/Guardian(s) Name(s): _____

Total Annual Family Income: (Check One)

- | | | | |
|-------------------|-------------------|-------------------|-------------------|
| < \$20,000 | \$20,000 – 29,000 | \$30,000 - 39,000 | \$40,000 - 49,000 |
| \$50,000 – 59,000 | \$60,000 – 69,000 | \$70,000 - 79,000 | \$80,000 – above |

Number of Dependents in household: _____ # in College _____ # receiving financial aid _____.

EMPLOYMENT RECORD (Present and/or Previous)

Employer: _____ Dates: from/to: _____

Employer: _____ Dates: from/to: _____

Employer: _____ Dates: from/to: _____

Employer: _____ Dates: from/to: _____



EXTRACURRICULAR ACTIVITIES:

What activities have you been/or are involved in (school, church, community, etc.)?

Awards/recognition received (academic, sports, community, etc.)?

EDUCATIONAL GOALS:

What are your educational goals?

What college/university do you plan to attend?

Have you already been accepted to your college/university of choice? Yes No



ESSAY (REQUIRED)

Please type your essay (maximum 200 words) and attach to the application. Be sure to include your name on each page of your essay.

Please submit an autobiographical/Personal Statement essay which includes your educational/career aspiration and how you plan to utilize it to impact your community.

CERTIFICATION STATEMENT

Your signature below signifies that you acknowledge any false statement, alteration or omission of pertinent information in the completion of this application will be cause for disqualification from the application review process and/or forfeiture of consideration for scholarship award.

Applicant's Name

Applicant's Signature

Date: