



**KAPPA EPSILON PSI MILITARY SORORITY,  
INC.**

**AUGUSTA XI CHAPTER**

**2023 SCHOLARSHIP APPLICATION**

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

2. Mailing Address:

a. Street: \_\_\_\_\_

b. City: \_\_\_\_\_ c. State: \_\_\_\_\_ d. Zip: \_\_\_\_\_

3. Contact Number: \_\_\_\_\_

4. Date of Birth: a. Month: \_\_\_\_\_ b. Day: \_\_\_\_\_ c. Year: \_\_\_\_\_

5. Current High School:

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Years Attended: \_\_\_\_\_ d. Current GPA: \_\_\_\_\_ (4.0 Scale)

6. I will be attending and have been accepted into the following college/university in the  
Fall of 2023:

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

7. I will matriculate in as a:

a. Freshman: \_\_\_\_\_ Sophomore: \_\_\_\_\_ Junior: \_\_\_\_\_ Senior: \_\_\_\_\_

b. Expected Major: \_\_\_\_\_

c. Expected Graduation Date: \_\_\_\_\_



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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

**8. Parent/Guardian:**

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Contact Number: \_\_\_\_\_

**Certification:**

I hereby certify that the information provided on this application is complete and correct to the best of my knowledge. I also acknowledge that if I am awarded the scholarship, I must provide proof of registration from the registrar's office of the college/university I have selected to attend before I will receive the scholarship money.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_