

**KAPPA ALPHA PSI
FRATERNITY, INC.**

**VALLEJO-FAIRFIELD
ALUMNI CHAPTER
SCHOLARSHIP APPLICATION 2020**



"A RESERVOIR OF HELP TO THE COMMUNITY"

"Achievement in Every Field of Human Endeavor"

ApplicantName: _____



KAPPA ALPHA PSI FRATERNITY, INC. SCHOLARSHIP APPLICATION 2020

P.O. Box 2977 • FAIRFIELD, CA 94533 • PHONE (707) 678-8763



Please type or print legibly with black or blue ink.

PERSONAL INFORMATION

Name			
Last	First	Middle	
Address			
Number & Street	City	Zip	
Telephone ()	Date of Birth		
Area code & number	Month/ Date/ Year		

PARENT(S) / GUARDIAN(S)-MARTIAL STATUS (CHECK ONE) SINGLE MARRIED

Name	Name
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EDUCATIONAL INFORMATION

LIST YOUR EDUCATION TO DATE:

	NAME OF HIGH SCHOOL/COLLEGE	DATES ATTENDED		GRADUATION DATE
		FROM:	To:	
1				
2				
3				

HIGHER EDUCATION

LIST THE ACCREDITED COLLEGE/UNIVERSITY APPLIED TO:

	NAME OF INSTITUTION	ENROLLMENT STATUS	ANTICIPATED ENROLLMENT DATE
1			
2			
3			

HIGHER EDUCATION (continued)

PROPOSED MAJOR

NAMES OF TWO PERSONAL REFERENCES

|

ADDRESS

|

NAME

|

PHONE

|

NAME

|

ADDRESS

PHONE

CERTIFICATION

I certify that the information on this application is complete and accurate to the best of my knowledge and I will immediately notify the Vallejo-Fairfield Alumni Chapter of any changes.

I understand that my application and supporting information become the property of the Vallejo-Fairfield Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. and they shall have discretionary authority in all matters pertaining to this award and associated materials. Submissions will not be returned to applicants.

I consent to the release of academic, financial, and other information deemed necessary by the Vallejo-Fairfield Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. for consideration of my scholarship award.

Applicant

Date

I (we) certify that the information provided for the above applicant is accurate to the best of my (our) knowledge.

Parent/Guardian Signature Parent/Guardian
Signature

Date

Date

**SCHOLARSHIP APPLICATION PACKETS MUST BE POSTMARKED BY:
FRIDAY, APRIL 10, 2020
KAPPA ALPHA PSI FRATERNITY, INC.**



VALLEJO-FAIRFIELD ALUMNI CHAPTER SCHOLARSHIP APPLICATION 2020



ALL INFORMATION IS CONFIDENTIAL
PLEASE READ ENTIRE PAGE BEFORE FILLING OUT APPLICATION FORM

Purpose of the Scholarship Program

The Vallejo-Fairfield Alumni Chapter of Kappa Alpha Psi, a Greek Fraternity, is seeking Solano County male graduating High School seniors and transferring Junior College candidates for our 2020 Scholarship Award. The award will be based on the following considerations:

Eligibility Requirements

To be eligible for a scholarship, applicants must meet **ALL** of the following requirements: * Be a graduating male high school senior in the 2019-2020 academic year and intend to enroll as a full-time college student in the 2020 Fall semester.

- o Reside in Solano County.
- o Be a citizen of the United States at the time of application. *
- Have a minimum 2.5 grade point average for all completed coursework to date of applying.

Application Submission Requirements

A complete scholarship application packet must include ALL of the following materials: o Vallejo-Fairfield Alumni Chapter completed scholarship application. o Two letters of recommendation attesting to the applicant's academic abilities and achievements from any of the following persons: teacher, school administrator, community member or employer. Letters must be typed and printed on official letterhead.

- o An official copy of the applicant's high school transcript (**must be in a sealed envelope from the issuing academic institution**).
- o A single-spaced, one-page typed essay highlighting the applicant's personal goals and aspirations for pursuing a college degree. Each applicant must also explain why he should be considered for a scholarship award.
- o Copy of Acceptance letter(s) from the Registrar's office from the applicant's proposed college/university.
- o Photo of Applicant

Scholarship Award Process

Each applicant will be notified by mail of the Scholarship Committee's final decision. Scholarship recipients may receive an award up to \$1,000 (amount varies). **Each scholarship is a one-time non-renewable award.**

Scholarship Award Disbursement

After the Scholarship Committee receives the recipient's official Notice of Enrollment, the award will be paid directly to the recipient during the 2020 Fall semester. The official Notice of Enrollment from the attending college/university must indicate classes enrolled in and the number of units carried. Recipients are also required to sign a "Notice of Scholarship Receipt" form, in person, confirming the acceptance and receipt of their scholarship award. Failure to meet any of the requested requirements by October 1 of the aforementioned Fall semester will result in the applicant forfeiting their scholarship award amount.

Hand-delivered scholarship application packets will not be accepted.

Mail your completed scholarship application packet postmarked by **FRIDAY, APRIL 10, 2020** to:

**Gerald Stringer, Scholarship Chairperson
Vallejo-Fairfield Alumni Chapter Kappa
Alpha Psi Fraternity, Inc.
1660 Pembroke Way Dixon,
CA 95620**

If you have any questions, please call (707) 678-8763 for more information.

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