



KAPPA ALPHA PSI FRATERNITY, INC.

West Palm Beach Alumni Chapter

**P.O. Box 126 West Palm
Beach, FL 33402**

Dear Applicant:

To be eligible for The Kappa Alpha Psi Fraternity Scholarship, you must meet the following prerequisites and complete the guidelines listed by Wednesday, April 30th, 2025

Prerequisites:

1. A high school diploma by June 1st, 2025
2. Minimum semester and cumulative grade point average (G.P.A.) of 2.5

Guidelines: The following must be submitted by the due date – Wednesday, April 30th, 2025.

1. Complete the attached application
2. A resume listing all scholastic and academic honors (Scholarships, prizes, awards, etc.), your employment experience(s), and extra-curricular/community activities.
3. A letter of interest: introduce yourself; your interest/special talents; your school, community, and/or religious activities;
4. Describe your plans for the future and how your plans are consistent with the spirit and objectives of this Fraternity (500 words or less);
5. Three (3) letters of reference/recommendation;
6. An official high school transcript stamped by the school and sealed in an envelope.

PROCEDURES

1. Complete the entire packet as listed in the guidelines section.
2. Print neatly in black ink or type the requested information.
3. Provide accurate and up-to-date information.
4. Completed application packets should be mailed to:

West Palm Beach Alumni Chapter
Kappa Alpha Psi Fraternity, Inc.
c/o Scholarship Committee
P.O. Box 126
West Palm Beach, FL 33402



- 5. The packet must be postmarked or delivered by Wednesday, April 30th, 2025
- 6. If you have any questions and/or concerns, please contact Mr. Desmond Young by email at dmryoung1118@gmail.com or phone 561-374-0584
- 7. The application may be downloaded as a Word document at the following website:
<http://www.wpbkappaalphapsi.com/#!/scholarship>

ATWELL B. PRIDE SCHOLARSHIP APPLICATION

NAME: _____
 (LAST) (FIRST) (M.I.)

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: DAY _____ EVENING _____ BEST TIME TO CALL _____

EMAIL ADDRESS: _____

ALTERNATIVE CONTACT PERSON:

NAME: _____ RELATIONSHIP _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

EDUCATION:

HIGH SCHOOL: _____ DATE OF GRADUATION _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

GUIDANCE COUNSELOR _____ GUIDANCE PHONE _____

OPTIONAL QUESTIONS: (You are not required to answer the following questions to have your application considered.)

DATE OF BIRTH _____ PLACE OF BIRTH _____ SEX: ()

MALE () FEMALE AMERICAN CITIZEN () YES () NO

IF MARRIED, SPOUSE'S NAME: _____ NO. OF DEPENDENTS: _____

RACE: () NATIVE AMERICAN () BLACK, NON-HISPANIC () HISPANIC () WHITE () ASIAN () OTHER



STATEMENT OF FINANCIAL NEED AND FAMILY INFORMATION

Estimated cost per year of college _____

Are your parents or other relatives willing and able to assist you financially? If so, to what extent?

How much money have you saved for post-secondary education? _____

Are there any special financial circumstances or problems that should be considered? (Such as single income household, medical expenses, etc.)

List all scholarships that have awarded/pledged to you and the amount of each _____

Please indicate your family's household income

___ under \$35,000 ___ \$35,000-\$44,000 ___ \$45,000-\$54,000 ___ \$55,000-\$64,000
___ \$65,000-\$74,000 ___ \$75,000-\$84,000 ___ \$85,000-94,000 ___ over 95,000

Number of _____ Brothers _____ Sisters

___ Pre-School ___ Elementary ___ Middle School ___ High School ___ College

ACT Score _____ SAT Verbal _____ SAT Math _____

Grade point Average based on 4.0 scale (unweighted) _____ Rank in class _____ of _____

Field of study you plan to pursue _____

Name of College you plan to attend:

1st Choice _____

2nd Choice _____



PLEASE ATTACH THE FOLLOWING INFORMATION TO THIS APPLICATION:

- A. A resume listing all scholastic and academic honors (Scholarships, prizes, awards, etc.), your employment experience(s), and extra-curricular/community activities.**
- B. A letter of interest: introduce yourself, your interest/special talents, school community/religious activities, and college/future plans. No more than two pages.**
- C. Three letters of recommendation from persons well acquainted with your scholarship ability; your extracurricular activities; and your character in the community (Letters from relatives will not be considered).**
- D. An official high school transcript stamped by the school and sealed in an envelope**
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- E. Attach a presentable picture of yourself to be displayed in Kappa Alpha Psi magazine. (Will only be used if student is chosen to receive. Picture can be returned to student)**

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, AND BELIEF, THE INFORMATION PROVIDED IN MY APPLICATION IS COMPLETE AND ACCURATE.

(SIGNATURE OF APPLICANT)

DATE _____

ALL APPLICATIONS MUST BE RETURNED BY April 30th, 2025 TO THE ADDRESS BELOW:

**WEST PALM BEACH ALUMNI CHAPTER
 KAPPA ALPHA PSI FRATERNITY, INC
 SCHOLARSHIP COMMITTEE
 P.O. BOX 126
 WEST PALM BEACH, FL 33402**