





# **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 Saturday, April 30<sup>th</sup>, 2024

Prerequisites:

- 1. A high school diploma by June 1<sup>st</sup>, 2024
- 2. Minimum semester and cumulative grade point average (G.P.A.) of 2.5

Guidelines: The following must be submitted by the due date – Tuesday, April 30<sup>th</sup>, 2024.

- 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 Tuesday, April 30<sup>th</sup>, 2024
- 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: <u>http://www.wpbkappaalphapsi.com/#!scholarship</u>

## **ATWELL B. PRIDE SCHOLARSHIP APPLICATION**

NAME:					_	
NAME:(LAST)		(FIRST)		(M.I.)	)	
ADDRESS:						
CITY:		S	STATE	ZIP		
PHONE: DAY	EVENING	BE	EST TIME TO CALL_		_	
EMAIL ADDRESS:						
ALTERNATIVE CONTACT I	<u>'ERSON:</u>					
NAME:	RELAT	IONSHIP	PHONE:			
ADDRESS:				_		
CITY:	STA	.TE	_ ZIP			
EDUCATION:						
HIGH SCHOOL:	DATE OF GRADUATION					
ADDRESS:		_CITY	STATE	ZIP		
GUIDANCE COUNSELOR	GUIDANCE PHONE					
OPTIONAL QUESTIONS:	(You are not requir	ed to answer the	following questions to	have your application	on considered.)	
DATE OF BIRTH		PLACE OF B	IRTH		SEX: ( )	
MALE () FEMALE	AMERICAN CITIZEN	N ()YES (	) NO			
IF MARRIED, SPOUSE'S NAM	iE:		NO. OF DEPEND	ENTS:		
RACE: ( ) NATIVE AMERICA	N () BLACK, NON-H	ISPANIC () HI	SPANIC () WHIT	TE () ASIAN ()	OTHER	







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#### 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 your 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 fami	luis household in some			
•	•	\$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 Brot	hers Sisters			
Pre-School	ElementaryN	fiddle School High S	School College	
ACT Score	SAT Verbal	SAT I	Math	
Grade point Average base	ed on 4.0 scale (unweighte	ed) Rank in class	sof	
Field of study you plan to	pursue			
Name of College you pla	n to attend:			
1st Choice				
2 <sup>nd</sup> 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
- D. An official high school transcript stamped by the school and sealed in an envelope. –
- 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.

DATE

(SIGNATURE OF APPLICANT)

## ALL APPLICATIONS MUST BE RETURNED BY April 30th, 2024 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