 **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 30th, 2024

Prerequisites:

1. A high school diploma by June 1st , 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 30th, 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

1. The packet must be postmarked or delivered by Tuesday, April 30th, 2024
2. If you have any questions and/or concerns, please contact Mr. Desmond Young by email at dmryoung1118@gmail.com or phone 561-374-0584
3. 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? Ifso, 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 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:**

1. **A resume listing all scholastic and academic honors (Scholarships, prizes, awards, etc.), your employment experience(s), and extra-curricular/community activities.**
2. **A letter of interest: introduce yourself, your interest/special talents, school community/religious activities, and college/future plans. No more than two pages.**
3. **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**
4. **An official high school transcript stamped by the school and sealed in an envelope. ¬**
5. **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