



Kappa Alpha Psi Fraternity

TACOMA ALUMNI CHAPTER

MINORITY SCHOLARSHIP AWARDS

High School Counselors:

The Tacoma Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. is sponsoring its seventh annual Minority Scholarship Awards Program. This program, which offers several scholarships in the amounts of \$100.00 to \$500.00, will be presented to African-American high school students in the Tacoma area. These scholarships are awarded to students who have shown the potential for achievement on the college level. Kappa Alpha Psi Fraternity, Inc. is a non-profit organization made up of college men and college graduates who share a common goal: "ACHIEVEMENT." A minority student, as defined by the Kappa Alpha Psi Fraternity and for the purpose of competing for these scholarships, is an African-American male or female student. Any African-American student can apply if the following criteria are met.

- a. The applicant must be a citizen of the United States.
- b. The applicant must be a member of the current year graduating class in an accredited public or private school.
- c. A minimum grade point average of 3.0 is required.
- d. Applicant must be planning to attend a four-year college or university, or if enrolling in a two-year college, plan to transfer to a four-year institution.
- e. Applications will be considered in all fields of Arts and Sciences.
- f. Factors considered other than scholastics:
 - ◆ Ability to get along with fellow students
 - ◆ Extra curricular activities
 - ◆ Special abilities in Arts and Sciences
 - ◆ Community activities
 - ◆ Any other factors that would single out the applicant as an outstanding student or citizen

To be considered for a scholarship award, the following items must be received by **April 1:**

- ◆ The attached application (filled out in its entirety)
- ◆ Copy of high school transcript
- ◆ Personal statement written by the applicant stating his or her goals in life (300 words or less)
- ◆ Three letters of recommendation from the applicant's teachers, counselor, pastor, or other responsible person having knowledge of the applicant's abilities and who is not related to the applicant.



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SCHOLARSHIP APPLICATION

1. Name of Applicant _____ Date of Birth _____
2. Mailing Address _____
3. Home Phone _____
4. Names of Parents/Guardians _____
5. Parents'/Guardians' Occupation _____
6. List Greek organizations to which parents/guardians are members:

7. Are you a member of any church? ____ Yes ____ No If yes, give name of church and the pastor: _____
8. Have you applied for admission at any college or university? _____
9. Have you been accepted for admission: _____
10. Name and address of college/university: _____
11. Do you expect to earn money while attending college? ____ Yes ____ No If yes, state how: _____
12. List extracurricular activities and offices held in high school (if any) _____

13. List all activities and positions held outside of high school (if any) _____

14. Name, location, and phone of the high school will graduate from: _____
15. Date of graduation: _____
16. Please attach your personal statement of 300 words or less and three letters of recommendations.

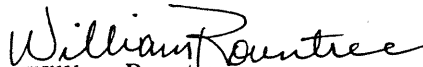
Date of application _____ Signature of Applicant _____

NOTE: Personal statement should include your academic achievements, community activities, and your plans in a chosen professional/occupation.

All requested materials should be addressed and mailed to:

Kappa Alpha Psi Fraternity, Inc.
Tacoma Alumni Chapter
P.O. Box 39323
Tacoma, Washington 98439-0323

Applications will be screened and interviews conducted by a panel of Tacoma Alumni Chapter members:


William Rountree,
Scholarship Chair
Tacoma Alumni Chapter

- ◆ Note: Scholarship award must be used within one year after being awarded.