

KAPsi Scholarship Program

GREENVILLE ALUMNI CHAPTER OF KAPPA ALPHA PSI FRATERNITY INC.

Purpose

The purpose of the scholarship program is to financially support post-secondary education for qualifying seniors or high school graduates who are attending their first year of college.

Eligibility

Candidates for the scholarships will be selected by the Greenville Alumni Scholarship committee in each geographical area.

Selection Process

Scholarship winners will be selected based upon the following areas of equal point value:

- High school or college transcript (20 points)
- Extracurricular activities/leadership activities within the community or church (20 points)
 - *Three* letters of recommendation, including letters from a principal, faculty member/staff and a non family member (20 points)
- Financial need (30 points)
- A 300 word (maximum) essay outlining his/her leadership activities and future goals (10 points)

The student's application and companion forms must be received by the committee's representative on or before the date the application indicates.

Deadline April 30,2021

Note: Members of the scholarship selection committee may interview finalists.

Scholarship Payment

The full amount of each scholarship will be made payable to the institution of choice. It is the responsibility of each scholarship recipient to forward enrollment verification and tuition invoice from the institution to the Scholarship Chairman. Please note that the scholarship may be paid directly to the institution.

About the KAPsi Scholarships

The Greenville Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. seeks to impact the community through three tiers of scholarships. The first tier is through our Guide Right Program (Kappa League). When the chapter has graduating Kappa Leagues then funds will be allocated in equal amounts among those individuals. When there are no graduating Kappa Leaguers or at the will of the chapter, GA will offer four different scholarships in the second tier: (1) AC Redmond, (2) B.L. Bell, (3) Melville Tillis and (4) Ray Brooks Sr. The Greenville Alumni Chapter Board of Directors established these awards in honor of these individuals to recognize outstanding contributions to the goals of the Kappa Alpha Psi Fraternity Inc, and the students of the Delta region. Each individual has shown and provided exemplary leadership and dedication to Greenville Alumni Chapter. The final tier is dependent upon having the necessary funds. When the chapter hosts the Miss Kappa Alpha Psi Pageant, then scholarships will be offered in 1st, 2nd, & 3rd place allocations dependent upon the amounts generated through the competition.

- Each of the four scholarship minimal awards is \$1,000.

KAPSI SCHOLARSHIP APPLICATION FORM

GREENVILLE ALUMNI CHAPTER OF KAPPA ALPHA PSI FRATERNITY INC.

Part I: To be Completed by Scholarship Applicant

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____

Address: _____ City: _____ Zip: _____

Telephone Number(s): _____ Date of Graduation: _____

High School: _____

Parent(s) or Guardian(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Institutional Preference(s)

Tuition and Educational Expenses

1st Choice: _____ 1. _____

2^{na} Choice: _____ 2. _____

3rd Choice: _____ 3. _____

A Completed GA of KAPsi Scholarship Application Form with all signatures must have the following attachments:

- A one-page personal typed narrative (300 words maximum) from the applicant explaining why he/she is applying for the scholarship; including all awards, interests, leadership activities within the community, and future goals.
- A Fall High School Transcript; and if applicable, a Fall College Transcript;
- Three letters of recommendation;
 - > **One from a principal or administrative designee on school letterhead;**
 - > **One from a faculty member on school letterhead; and**
 - > **One from a non-family member.**
- Complete Part IIA or B: Demonstration of Financial Need.

Applicant's Signature: _____ Date: _____

Part II: Demonstration of Financial Need

High School Seniors who apply for the *Scholarship* must submit Part II A. After completing and signing the top section, the applicant must provide the return date requested *at the* bottom of the form. The applicant should forward Part II A to the High School Principal.

College Freshmen who apply for the *Scholarship* should submit Part II B of this form to each institution being considered. After completing and signing the top section, the applicant must provide the return date requested at the bottom of the form. The applicant should forward Part II B to the college's Financial Aid Office in conjunction with the applicant's regular submission of the Free Application for Federal Student Aid.

Part II A: To be Completed ONLY by High School Seniors

Institutional Preference: _____ Have you been accepted? Yes a No a

I, _____ hereby authorize _____
(Name of Student) (Name of Principal)

to advise the GA of KAPsi Board as to my demonstrated financial need *for the purpose of* my application for the GA of KAPsi *Scholarship Program*.

Signed: _____ Date: _____
(Signature of Student)

To be Completed by High School Principal

I certify that this student is eligible under current USDA guidelines for either (please check) Free or **Reduced** or **Paid** lunch participation and that this student will meet the established criteria for obtaining a(n) _____ High School Diploma at the conclusion of this current school year. (state)

Principal's Signature _____ Date _____ Name of High School _____

School Phone Number _____ School's Percentage of Students Eligible for Free/Reduced Lunch _____

Please return this completed form to the applicant on or before _____
Return Date Supplied By Applicant

Part 11 B:

To be Completed ONLY by College Freshmen

(Name of Student) hereby authorize (Name of College)
to advise the Greenville Alumni Board as to my demonstrated financial need for the purposes of my application for the KAPsi *Scholarship Program*.

Signed: _____ Date: _____
(Signature of Student)

To be Completed by Financial Aid Office

I have reviewed the Free Application for Federal Student Aid (FAFSA) for the above named student and have verified financial need as listed:

Estimated Cost of Attendance (tuition and books)	\$
Expected Family Contribution	\$
Anticipated Aid from Other Sources	\$
Estimated Need	\$

Comments (list other helpful information):

Printed Name of Financial Aid Officer

Signature

Name of College or University

Address

Phone Number of Financial Aid Officer

City, State, Zip

Please return this completed form to the applicant on or before

Return Date Supplied By Applicant