



Kappa Alpha Psi Fraternity, Inc.
Chicago Heights (IL) Alumni Chapter
2023-2024 Scholarship Application

The Chicago Heights (IL) Alumni Chapter of Kappa Alpha Psi Fraternity, Inc., in partnership with the Chicago Heights (IL) Alumni Foundation sponsors a \$3,000 scholarship to college-bound high school seniors. The \$3,000 scholarship will be paid in two equal installments of \$1,500 in each student's first two academic semesters. Each year, the Chicago Heights (IL) Alumni Chapter of Kappa Alpha Psi Fraternity Incorporated, in partnership with its Foundation, awards scholarships to graduating high school seniors attending college who have demonstrated a proven track record of academic success and community service. The selection of scholarship award recipients is based primarily on academic achievement, community involvement, and participation in extra-curricular activities. The choice of scholarship award recipients is determined exclusively by the Scholarship Committee of the Chicago Heights (IL) Alumni Chapter of Kappa Alpha Psi Fraternity, Inc.

To apply for the \$3,000 scholarship award, the applicant must complete this application in its entirety (including all supporting documentation) and submit it to the following no later than **Tuesday, April 30, 2024:**

Email to: CHAF4SCHOLARS@gmail.com
Subject Line: *Scholarship Committee Chairman*

Eligibility Requirements for Scholarship and Award Applicants:

- Graduating High School **Male** Student attending a high school located in the Chicago south suburban area
- Minimum Cumulative GPA of 2.5 on a 4.0 scale (Official Sealed School Transcript Required)
- Documented Verification of Participation in Extracurricular Activities
- Documented Hours of Community Service (**All hours must be verified in writing and on the organizations letterhead and signed by the Community Service Agency representative**)
- Letter of Acceptance to an Accredited four (4) year College or University, with proof of enrollment in the Fall 2024 semester
- 2 Personal Letters of Recommendation

Scholarship award recipients will be announced before June 1, 2024. All recipients **must** attend the award banquet hosted by the Chicago Heights (IL) Alumni Chapter of Kappa Alpha Psi Fraternity, Inc., which will be held on (date TBD) **and** the Chicago Metro Scholarship Awards Banquet (date TBD) or risk having the scholarship or award rescinded.

Only complete applications will be considered. Official sealed school transcript, documentation of participation in extra-curricular activities and community service, letter of college acceptance, and personal letters of recommendation must accompany all scholarship applications. Your application will be deemed complete if any of these documents are included.

PLEASE NOTE: Each required document must be separate and combined.

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Applicant Name: _____
LAST, FIRST M.I.

Mailing Address: _____
NUMBER AND STREET NAME

CITY STATE ZIP CODE

Telephone Number: _____ Email Address: _____

High School Name: _____ Date of Birth: _____

Class Rank: _____ ACT/SAT Score: _____ G.P.A.: _____

College or University You Plan to Attend: _____

City/State of College or University: _____

Major: _____ Minor (if applicable): _____

SCHOOL ACTIVITY RECORD

Please complete this record with information regarding your participation in organizations during high school.
Please list the organization and activity and place an X in the year column indicating the year(s) of participation.

| School Organizations/Activities | 9 | 10 | 11 | 12 |
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SCHOOL ACTIVITY RECORDS

| School Awards/ Honors/Achievements | 9 | 10 | 11 | 12 |
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COMMUNITY ACTIVITY RECORD

Please complete this record with information regarding participating in community-based organizations during high school. Please specify any positions or offices held. **Also, include documentation from the community official documenting the actual number of hours that you volunteered with their organization.**

| Community Organizations/Activities | 9 | 10 | 11 | 12 |
|------------------------------------|---|----|----|----|
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| Employment | 9 | 10 | 11 | 12 |
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| Community Awards/ Honors/Achievements | 9 | 10 | 11 | 12 |
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APPLICANT STATEMENT

Please describe in 300 words or less why you should be considered for this scholarship award. Please include your attributes, unique qualities, and your future goals. Your statement must be typed, double-spaced using a 12-point font and attached to this application.

REFERENCE LETTERS

Please submit two letters of reference from those with in-depth knowledge of the applicant. Evaluators of this application are looking for **2-3 concrete reasons** why the applicant should be considered for this scholarship award. Reference letters should be typed, placed in a sealed envelope, and returned with this application.

OFFICIAL HIGH SCHOOL TRANSCRIPT

Please include an official school transcript through the 2nd quarter of the high school senior year. The official transcript should be in a sealed envelope and attached to this application.

COLLEGE/UNIVERSITY ACCEPTANCE LETTER

Please include a copy of the acceptance letter for the Fall 2024 term from the college/university you plan to attend.

SIGNATURE

By signing below, I now AFFIRM that the information in this application is true and accurate. I also affirm that I intend to be enrolled in an accredited four-year school of higher education as a full-time student in a degree program in the Fall of 2024. I understand that no funds will be received until the Chicago Heights Alumni (IL) Chapter of Kappa Alpha Psi Fraternity, Inc. receives official notification from the Registrar's Office of the college/university that I am attending verifying my full-time enrollment status for the Fall 2024 term.

SIGNATURE OF APPLICANT

PRINT NAME

DATE

Kappa Alpha Psi Fraternity, Inc.

Chicago Heights (IL) Alumni Chapter – P.O. BOX 2862 – Country Club Hills, IL 60478
www.chicagoheightsalumni.com

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(If the applicant is under the age of 18 on the date signed)

PRINT THE NAME OF THE PARENT/LEGAL GUARDIAN

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE