



**Kappa Alpha Psi Fraternity, Inc.**  
Chicago Heights (IL) Alumni Chapter

**2025-2026 Scholarship Application**

The Chicago Heights (IL) Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. in partnership with the Chicago Heights Alumni Foundation is sponsoring ten (10) \$3,000 scholarships to college-bound high school seniors. Each of the ten \$3,000 scholarships will be paid in two equal installments of \$1,500 in each of the students first two academic semesters. Each year, the Chicago Heights (IL) Alumni Chapter in partnership with its Foundation awards scholarships to graduating high school seniors who are attending college and 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 selection 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 one of the ten \$3,000 scholarship awards, the applicant must complete this application in its entirety (including all supporting documentation) and submit it to the following no later than **Saturday, April 30, 2025**:

**Email to:** [CHAF4SCHOLARS@gmail.com](mailto: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 south suburban Chicago 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 letter head 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 2025 semester
- 2 Personal Letters of Recommendation

Scholarship award recipients will be announced prior to May 31, 2025. 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on (date TBD) **and** the Chicago Metro Scholarship Awards Banquet (date TBD) or risk having the scholarship or award rescinded.

***Incomplete applications will not 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. If any of these documents are missing, your application will be deemed incomplete.

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

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

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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/or 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 RECORD CON'T.**

School Awards/ Honors/Achievements	9	10	11	12

**COMMUNITY ACTIVITY RECORD**

Please complete this record with information regarding your participation in any community-based organizations during your high school years. 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

Employment	9	10	11	12

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Community Awards/ Honors/Achievements	9	10	11	12

**APPLICANT STATEMENT**

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

**REFERENCE LETTERS**

Please submit two letters of reference from those who have an in-depth knowledge of the applicant. Evaluators of this application are looking for **2-3 concrete reasons** why the applicant should be given consideration 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 2<sup>nd</sup> quarter of the high school senior year. **The official transcript should also include the ACT/SAT score.** The official transcript should be in a sealed envelope and attached to this application.

**COLLEGE/UNIVERSITY ACCEPTANCE LETTER**

Please include a copy of the letter of acceptance for the Fall 2025 term from the college/university you plan to attend.

**SIGNATURE**

By signing below, I HEREBY AFFIRM that the information contained 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 2025. 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 2025 term.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

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

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PRINT NAME OF PARENT/LEGAL GUARDIAN

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SIGNATURE OF PARENT/LEGAL GUARDIAN

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DATE