



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 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 **Thursday, April 30, 2026 11:59 PM:**

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

Eligibility Requirements for Scholarship and Award Applicants:

- Graduating High School *Male* Student attending designated high schools 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 20 Hours minimum of Community Service (**All hours must be verified in writing and on the organization's letter head and signed by the Community Service Agency representative**)
- Official letter of Acceptance to an Accredited four (4) year College or University, with proof of enrollment in the Fall 2026 semester
- Personal statement (500 words max), describing how receiving this scholarship will assist you in your goal of obtaining a college degree
- 2 Personal Letters of Recommendation
- Signed statement acknowledging terms and responsibilities of accepting a scholarship if awarded

Scholarship award recipients will be announced prior to May 31, 2026. 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 **Thursday June 25, 2026 and** the Chicago Metro Scholarship Awards Banquet (**date TBD**) or risk having the scholarship or award rescinded.

Incomplete applications will not be considered. If any of these documents are missing, your application will be deemed incomplete. The application must be submitted in one email along with the supporting documents.

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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 organization 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

Community Awards/ Honors/Achievements	9	10	11	12

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APPLICANT STATEMENT

Please describe in 500 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 2nd 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 2026 term from the college/university you plan to attend.

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Statement of Acknowledgement

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 2026. 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 2026 term.

I acknowledge that if chosen for an interview, I will wear business attire for the interview (**Proper dress shirt, dress slacks, sports coat/suit jacket, tie, and dress shoes**)

If awarded this scholarship, I acknowledge that I will not be eligible for any other scholarships offered by any other Chapter/Foundation of Kappa Alpha Psi in the Chicago Metro Area. If awarded this scholarship, I acknowledge that I will attend the awards banquet hosted by the Chicago Heights (IL) Alumni Chapter of Kappa Alpha Psi Fraternity, Inc., and the Chicago Metro Scholarship Awards Banquet.

I understand that failure to submit a completed application and abiding by the previous acknowledgments set forth will disqualify my application and eligibility.

Applicant Signature

Print Name

Date

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

Print Name of Parent/ Legal Guardian

Signature of Parent/ Legal Guardian