Kappa Alpha Psi Fraternity, Inc. Dublin (GA) Alumni Chapter
2024-2025 Scholarship Application

The Dublin (GA) Alumni Chapter awards a scholarship each year to a graduating high school senior who will be attending a two or four-year college or university and has demonstrated a proven track record of academic success and community service. This year, the Chapter will award scholarships in the amount of $1000 each that will be paid in one installment at the beginning of the recipient's first academic semester.

To apply, applicants must send the attached application (filled out in its entirety) and all required supporting documentation **postmarked no later than Friday, April 11, 2025** to the following address:

Kappa Alpha Psi Fraternity, Inc.
ATTENTION: Scholarship Committee Chairman Dublin (GA) Alumni Chapter
P. O. Box 4362
Dublin, Ga. 31021

Application can also be completed and emailed with all required supporting documentation to Dublin_Laurens_Alumni_Chapter@aol.com with the subject line "ATTENTION: Scholarship Committee Chairman Dublin (GA) Alumni Chapter".

Scholarship awards will be based primarily on academic achievement, community involvement and participation in extra-curricular activities determined exclusively by the Scholarship Chapter of Kappa Alpha Psi Fraternity, Inc. Dublin (GA) Alumni Chapter.

Eligibility Requirements for Scholarship Award Applicants:

- ☐ 2025 graduating high school **male** student attending a high school in Dodge, Johnson, Laurens, Twiggs, Washington, Wheeler or Wilkinson counties.
- ☐ Minimum cumulative GPA of 3.0 on a 4.0 scale (official sealed school transcript required)
- ☐ Documented verification of participation in extracurricular activities
- ☐ Completion of ACT and/or SAT standard exam (official score)
- ☐ Documented hours of community service
- ☐ Letter of Acceptance to an accredited school of higher education
- ☐ Two (2) letters of recommendation

Award recipients will be notified prior to Thursday, May 1, 2025 and will be presented at the recipient's schools' Honor's Day Program.

Applications not containing any of the following documents will be deemed incomplete and will not be considered: (1) Official sealed school transcript (2) documentation of participation in extra-curricular

activities and community service (3) letter of college acceptance and (4) two letters of personal recommendation.

Please type or print legibly.

Name: _____
Last First MI

Address: _____
Street # & Name Apt. #

City: _____ State: _____ Zip Code: _____

Home Telephone #: _____ Mobile #: _____ E-Mail Address: _____

Date of Birth: _____ Parent(s)/Guardian Name(s): _____

Name of High School currently attending: _____

Address: _____

Class Rank: _____ GPA: _____ ACT/SAT Score(s): _____(ACT) _____ (SAT)

Name of college or University you plan to attend: _____

Address: _____

Major: _____

Minor (if applicable): _____

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SCHOOL ACTIVITIES

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

School Organizations/Activities	9th	10th	11th	12th

Awards/Honors/Achievements	9th	10th	11th	12th

Please complete the following record with information regarding your participation in any community-based organizations during your high school years. Specify any positions or offices held. **Also include <u>documentation from</u> <u>the community official documenting the actual number of hours that you volunteered with their organization</u>**.

Community Activities	9th	10th	11th	12th

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APPLICANT'S 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 future goals. Your statement must be typed (double spaced using a 12-point font) and attached to this application.

REFERENCE LETTERS

Please submit two (2) letters of reference from individuals that have an in-depth knowledge of you. Evaluators of this application are looking for 2-3 concrete reasons why you, the applicant, should be given consideration for this scholarship award. Reference letters must be typed, placed in a sealed envelope by the individual writing the letter and attached to this application.

OFFICIAL HIGH SCHOOL TRANSCRIPT

Please include an official high school transcript through the 2nd quarter of your senior year. The transcript should include your ACT/SAT score(s). The official transcript must be in a sealed envelope and attached to this application.

COLLEGE/UNIVERSITY ACCEPTANCE LETTER

Please include a copy of your official 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 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 Dublin (GA) Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. receives official notification from my college/university Registrar's Office verifying my Fall 2025 term full-time enrollment status.

Applicant's Signature: _____ Date: _____

Printed Name: _____

Parent/Legal Guardian's Signature: _____ Date: _____

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

Printed Name: _____