



The Martinsville (VA) Alumni Chapter

Kappa Alpha Psi Fraternity, Inc. Scholarship Fund

The following criteria shall be used as guidelines in determining the recipient of the Annual Kappa Alpha Psi Fraternity, Inc. Scholarship Award (\$1,000):

1. The applicant must meet the following criteria:
 - a. Be a graduating senior male
 - b. Live in our Fraternity area as stated on cover sheet and enter post-secondary training during the ensuing academic year
 - c. Applicant must have applied to or been accepted to an accredited four-year college or university.
 - d. Applicant must have an academic average of at least 3.0 or the equivalent on a 4.0 scale, and rank in the upper third of his class.
 - e. May or may not need financial assistance
 - f. Shall be a person of good moral character who exhibits a healthy, wholesome, and industrious attitude within the school and community
2. Students applying for the Kappa Alpha Psi Scholarship Award must complete one copy of the application.
3. **Application and all materials must be received by May 5, 2023.**
4. The following information should accompany each application:
 - a. High school transcript including SAT and/or ACT scores
 - b. Certified class ranking and grade point average
 - c. Non-returnable photograph
5. Submit the completed application to:
Martinsville (VA) Alumni Chapter
Kappa Alpha Psi Fraternity, Inc.
P.O. Box 603
Martinsville, VA 24114

APPLICATION FOR KAPPA ALPHA PSI FRATERNITY SCHOLARSHIP

(Transcript and Photograph must accompany this application)

1. Applicant's Name _____ Birthdate ____/____/____
First Middle Last

Address _____

_____ Zip Code _____

Phone _____

2. Name of Parent(s)/Guardian _____

3. Number of children living at home ____

4. Name of High School _____

5. Awards Assembly Date ____/____/____

6. Graduation Date ____/____/____

7. College/University you will be attending _____

Address _____

_____ Zip Code _____

8. Planned Course of Study/Major _____

9. List two (2) non-related references:

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Attach to this form a brief paragraph describing your career goals and ambitions.

Applicant's Signature _____ Date ____/____/____

Additional copies of the criteria and application may be reproduced.

NOTE: The decision of the scholarship committee is final.

Mail all materials to:

Martinsville (VA) Alumni Chapter

Kappa Alpha Psi Fraternity, Inc.

P.O. Box 603

Martinsville, VA 24114