



Established 1984

Kappa Scholarship Endowment Fund, Inc.®
P.O. Box 29331 • Washington, DC 20017

**KAPPA SCHOLARSHIP ENDOWMENT FUND, INC.
OFFICIAL SCHOLARSHIP APPLICATION**

Name: _____
 Last **First** **Middle Initial**

Home address: _____
 Number & Street

City _____ State _____ Zip Code _____

E-mail: _____ Cell phone: _____ Home Phone: _____

Birth date: _____
 Month **Day** **Year**

Grade Point Average: _____

High School Graduation Date: _____ Awards Assembly Date: _____

Membership and Office(s) held in Clubs and other School and Community Organizations (attach additional pages if needed):

Name of Accredited Four-Year College/University you plan to attend (attach acceptance letter):

Planned Field of study: _____
 Major **Minor**

High School: _____
 Name **Tel. Number**

Name of Principal: _____

Name of Guidance Counselor: _____



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Name of Parent/Guardian: _____
Name Relationship

_____ Address Home Phone

_____ City State Zip Code

Statement of Financial Need and Submit the Free Application for Federal Student Financial Aid (FAFSA)

EACH NOMINEE MUST MEET THE FOLLOWING CRITERIA:

- ◆ Have a grade point average of 2.5 or higher
- ◆ Be a graduating senior of a Washington, D.C. Public/Charter High School
- ◆ Demonstrate financial need and submit a copy of the FAFSA.
- ◆ Be involved in school and community activities
- ◆ Submit two letters of recommendation. ONE LETTER MUST BE FROM A TEACHER COUNSELOR OR ADMINISTRATOR.
- ◆ Submit an official high school transcript
- ◆ Be accepted by and enrolled full-time in an accredited four-year institution of higher learning for the fall semester of the current school year. Official confirmation from the institution that you have actually enrolled for the fall term will be necessary before funds are paid to the institution.

SUBMIT COMPLETED APPLICATION TO:

Malachi Brown & Brian Smith
Chairmen, Scholarship Committee
Kappa Scholarship Endowment Fund, Inc.®
Post Office Box 29331
Washington, DC 20017-0331

**THE DEADLINE FOR SUBMISSION OF APPLICATIONS IS MIDNIGHT
March 31st OF THE CURRENT YEAR**

DATE APPLICATION SUBMITTED: ___/___/___ SUBMITTED BY: _____



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SCHOLARSHIP APPLICATION CHECKLIST

USE THIS CHECKLIST TO ENSURE YOUR APPLICATION IS COMPLETE

Application Page One	
Provide your full name, address, email, cell and home telephone numbers	<input type="checkbox"/>
Provide your official high school transcript	<input type="checkbox"/>
Name the four year accredited college/university you plan to attend and your acceptance status	<input type="checkbox"/>
Provide the name and phone number of your high school and the names of your principal and guidance counselor	<input type="checkbox"/>
Provide the name, address and telephone number of your parents/guardian	<input type="checkbox"/>
Application Page Two	
Describe your involvement in school activities	<input type="checkbox"/>
Submit a statement of financial need and FAFSA	<input type="checkbox"/>
Enclose two letters of recommendations	<input type="checkbox"/>
Sign and date the application	<input type="checkbox"/>