



KAPPA EPSILON PSI MILITARY SORORITY, INC.
AUGUSTA XI CHAPTER
2019 ANNUAL SCHOLARSHIP APPLICATION

1. Last Name: _____ First Name: _____ MI: _____

2. Mailing Address:

a. Street: _____

b. City: _____ c. State: _____ d. Zip: _____

3. Contact Number: _____

4. Date of Birth:

a. Month: _____ b. Day: _____ c. Year: _____

5. Current High School:

a. Name: _____

b. Address: _____

c. Years Attended: _____ d. Current GPA: _____ (4.0 Scale)

6. I will be attending and have been accepted into the following college/university in the Fall of 2019:

a. Name: _____

b. Address: _____

7. I will matriculate in as a:

a. Freshman: _____ b. Sophomore: _____ c. Junior: _____ d. Senior: _____

b. e. Expected Major: _____

c. Expected Graduation Date: _____

8. Parent/Guardian:

a. Name: _____

b. Address: _____

c. Contact Number: _____



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Last Name: _____ **First Name:** _____ **MI:** _____

9. Certification:

- a. I hereby certify that the information provided on this application is complete and correct to the best of my knowledge. I also acknowledge that if I am awarded the scholarship, I must provide proof of registration from the registrar's office of the college/university I have selected to attend before I will receive the scholarship money.
- b. Signature of Applicant: _____
- c. Date: _____