THE AUGUSTA ALUMNI CHAPTER
KAPPA ALPHA PSI FRATERNITY, INC.
POST OFFICE BOX 9218
AUGUSTA, GA 30906-9218
March 9, 2019

Dear Counselor:

Please assist us in our effort to help worthy qualified students attend the college of their choice by making available to such students copies of the enclosed/attached announcement of our Education Scholarship which lists the General Instructions and the Education Scholarship Application form.

Thank you for your assistance.

Yours truly,

Scholarship Committee

Robert W. Hopson, Chairman

James McRae

John McKenzie

Jeff Williams
AUGUSTA ALUMNI CHAPTER
KAPPA ALPHA PSI FRATERNITY, INC.
P. O. BOX 9218
AUGUSTA, GEORGIA 30906-9218

EDUCATION SCHOLARSHIP

The Augusta Alumni Chapter of Kappa Alpha Psi Fraternity, Inc., will award a scholarship to a graduating senior of the class of 2019 to assist in his/her pursuit of a college education upon receipt of notification by OCTOBER 1, 2019, from the registrar of the institution he/she is attending certifying that the recipient has officially enrolled in the college/university. We interpret enrolled as meaning attending classes.

ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE.

GENERAL INSTRUCTIONS

To apply the student must:

1. Fill out the application completely and return it and the supporting materials to the address listed below postmarked no later than April 22, 2019. Handwritten applications will not be considered.
2. Provide a copy of his/her official permanent high school transcript that includes GPA.
3. Request three letters of recommendation from persons that can attest to the applicant’s character and academic ability.
4. Write a one page autobiography.
5. Provide a recent bust photo.
6. Forward the completed packet to:

   Kappa Alpha Psi Fraternity, Inc.

   Scholarship Committee

   Robert W. Hopson, Chairman

   303 Skylark Road

   Augusta, GA 30907-3535
AUGUSTA ALUMNI CHAPTER
KAPPA ALPHA PSI FRATERNITY, INC.
EDUCATION SCHOLARSHIP APPLICATION

Name ____________________________  ____________________________  ____________________________

Last  First  MI  Date

Age ______  Date of Birth _______________  Gender __________

Address
________________________________________
________________________________________
________________________________________

Home Phone No. ____________________________  Mobile ____________________________

E-Mail
________________________________________

Name of High School
________________________________________

Principal
________________________________________

Senior Counselor
________________________________________

College/University you plan to attend
________________________________________

Parent’s/Guardian’s Name(s)
________________________________________

Number each of the following items as you address them:

1. Which major do you plan to pursue? Why?
2. Discuss your participation in extra-curricular activities, especially those in which you assumed a leadership role.
3. Discuss or describe your need of financial assistance.

Please be advised that the decision of the Augusta Alumni Chapter of Kappa Alpha Psi Fraternity, Inc., is final and that the applications and supporting materials become the property of the fraternity.