



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:**

Donald Humphries  
Chairman, Scholarship Committee  
Kappa Scholarship Endowment Fund, Inc.®  
Post Office Box 29331  
Washington, DC 20017-0331

**THE DEADLINE FOR SUBMISSION OF APPLICATIONS IS MIDNIGHT  
March 31<sup>st</sup> 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

<b>Application Page One</b>	
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"/>
<b>Application Page Two</b>	
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"/>