



Kappa Alpha Psi Fraternity, Inc.  
Indianapolis Alumni Chapter



April 15, 2018

Dear Principal/Guidance Staff:

The Indianapolis Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. invites all minority male seniors from your school to participate in its local scholarship program.

To be eligible they must:

- a. Graduate December 2017 or June 2018, from an Indianapolis metro area high school.
- b. Have a college preparatory curriculum.
- c. Must be admitted or enrolling in an accredited college/university program.
- d. Submit the enclosed application along with an updated certified official transcript of grades.

All applications must be POSTMARKED BY MONDAY, MAY 21, 2018. The scholarship committee will select the recipient and the decision will be final. The recipients will be notified directly.

Please make this information available to your school's seniors. Application may be duplicated and must be mailed and postmarked by the deadline date, MAY 21, 2018. No faxed copies of the application packet will be considered.

Sincerely,

A handwritten signature in cursive script that reads "Hollis J. Thomas".

Hollis J. Thomas, MS

Enclosures

MAIL COMPLETED APPLICATION TO:

Hollis J. Thomas, Scholarship Chairman  
6150 Munsee Lane  
Indianapolis, IN 46228



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GRADUATING HIGH SCHOOL SCHOLARSHIP PROGRAM  
APPLICATION FORM

Part I – Applicant Information (please type or print)

1. Name: \_\_\_\_\_  
Last
First
Middle

2. Home Address: \_\_\_\_\_

3. Telephone number \_\_\_\_\_

Alternative telephone number and Email address:

\_\_\_\_\_

\_\_\_\_\_

4. High School currently attending: \_\_\_\_\_

5. College/University you plan to attend: \_\_\_\_\_

Accepted ? \_\_\_\_\_ Enrolled \_\_\_\_\_

6. High School Grade Point Average: \_\_\_\_\_ GPA system used at your high school (4.0, 5.0, 7.0)

Your class rank: \_\_\_\_\_ / \_\_\_\_\_ Your SAT or COMPOSITE Score: \_\_\_\_\_

7. Estimated annual tuition for a full-time student at the institution you plan to attend: \$ \_\_\_\_\_

8. List honors, awards, club membership(s), sport teams in which you have received recognition, held office, volunteered or participated in during high school and in your community or church.

High school \_\_\_\_\_

Community or Church \_\_\_\_\_

9. Work/Employment/Volunteer/Job shadowing experiences during high school:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. On a separate sheet of paper, write a brief statement of your future goals and how you expect your college education to assist in attaining these goals.

11. Submit one reference letter from a teacher, counselor, school administrator who will be able to attest to your abilities.



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Part II – Family Information

Applicant’s date of birth: \_\_\_\_\_

Parent(s) or Guardian(s) Please indicate if Guardian

	Father	Mother
Name:	_____	_____

Address:	_____	
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Place of Employment	_____	_____
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Number of Dependents in household: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent/Guardian

Mail application to:

Kappa Alpha Psi Scholarship Committee  
Hollis J. Thomas  
6150 Munsee Lane  
Indianapolis, IN 46228

RETURN POSTMARKED APPLICATION BY MONDAY, MAY 21, 201.