



Achieving the best for our youth



Kappa Alpha Psi foundation of Metropolitan  
Baltimore

Scholarship Program Application

**APPLICANT INFORMATION:**

**(PLEASE PRINT LEGIBLY)**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary phone number: \_\_\_\_\_ (Home/Cell/Work)

Secondary phone number: \_\_\_\_\_ (Home/Cell/Work)

**PARENT/LEGAL GUARDIAN INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary phone Number: \_\_\_\_\_ (Home/Cell/Work)

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_ (Home/Cell/Work)

**Permanent Address:**

Street address #1: \_\_\_\_\_

Street address #2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code/Postal Code: \_\_\_\_\_

**MEDICAL INFORMATION**

Do you have any medical disabilities or special needs?    \_\_\_ Yes            \_\_\_ No

If yes, please explain: \_\_\_\_\_

**ACADEMIC INFORMATION**

What is the name of your high school?

School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

If you are a graduating senior and have already been accepted into a college or university, please indicate the university and your intended field of study/major: \_\_\_\_\_.

**ESSAY QUESTIONS**

*Please respond to the following questions on a separate sheet of paper. All essays must be typed.*

1. Why would you like to receive a KAPFMB scholarship?
2. Which academic area most interests you and why? (500 words or less)

**RECOMMENDATIONS**

*Two letters of recommendation are required for your application. Applicants should select recommenders who can speak to their academic ability, work ethic, and overall interest. Letters of recommendation should be collected by the applicant and emailed to the person identified below.*

*Recommender #1:*

- o Name: \_\_\_\_\_
- o Title: \_\_\_\_\_
- o Telephone Number: \_\_\_\_\_
- o Email Address: \_\_\_\_\_
- o Relationship to Applicant (i.e. teacher, employer, mentor, etc.): \_\_\_\_\_

*Recommender #2:*

- o Name: \_\_\_\_\_
- o Title: \_\_\_\_\_
- o Telephone Number: \_\_\_\_\_
- o Email Address: \_\_\_\_\_
- o Relationship to Recommender #1 (i.e. teacher, employer, mentor, etc.): \_\_\_\_\_

### **ADDITIONAL INFORMATION**

Have you participated previously in any community service projects or programs?

\_\_\_\_ Yes

\_\_\_\_ No

If yes, please describe the activity and tell what that experience meant to you.

### **SUBMITTING YOUR APPLICATION**

*The following items are required for a complete application:*

- ✓ Signed Parent/Legal Guardian Permissions Form
- ✓ Recommendation Letters (2)
- ✓ Essay Responses (2)
- ✓ Report card, unofficial transcript, or official transcript  
*(if your social security number is visible on the form, you must blacken it out before sending).*
- ✓ Current Resume (Optional)

### **PARENTAL CONSENT:**

You must have permission from your parent or legal guardian to apply to this program. Your parent or legal guardian must also be informed and consent that you may be asked to voluntarily participate in evaluation assessments during the course of this program. Please have your parent or legal guardian review this application and sign below if you are 17 or younger at the time of application.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Printed Parent/Legal Guardian Name

***\*Please submit your application by email to: KAPFMB Scholarship Committee:***  
[achieve@kappafoundationbaltimore.org](mailto:achieve@kappafoundationbaltimore.org)