



**Kappa Alpha Psi Fraternity, Inc.®**  
**Albany (NY) Alumni Chapter**

## **SCHOLARSHIP APPLICATION**

The following directions outline the procedures applicants will need to follow to enter the competition for the college scholarships through the Kappa Charities of the Greater Capital Region, Inc., the 501(c)(3) affiliate of the Albany (NY) Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. The amount of the scholarship will be determined based on the level of funds raised by the Kappa Charities of the Greater Capital Region, Inc. for 2014-15.

1. Complete the application form and return it with the following:

- **OFFICIAL SCHOOL TRANSCRIPT**
- **COPY OF COLLEGE ACCEPTANCE LETTER**
- **PHOTOGRAPH**
- **PERSONAL LETTER**
- **TWO LETTERS OF RECOMMENDATION FROM TEACHERS OR GUIDANCE COUNSELORS**

2. Write a personal letter addressed to the Kappa Charities of the Greater Capital Region, Inc. giving any additional information that will help us to evaluate your qualifications. Include information pertaining to leadership abilities, career aspirations, ambitions, interests, hobbies, family, etc. If possible, please submit a typewritten letter. Attach the letter to the application form.

3. Mail the completed application to:

**Kappa Charities of the Greater Capital Region, Inc.**  
**c/o Larry Norville,**  
**P.O. Box 1121**  
**Albany, New York 12201**

**YOUR APPLICATION MUST BE RECEIVED BY April 1, 2015.**

ALL APPLICATIONS RECEIVED BY THE FRATERNITY WILL BE ACKNOWLEDGED BY E-MAIL. IT IS THEREFORE IMPORTANT TO INCLUDE YOUR E-MAIL ADDRESS ON YOUR APPLICATION.

4. The scholarship committee will review all applications and select a group of semifinalists to be interviewed by the Fraternity. Each semifinalist will be notified of the date, place, and time for his interview. The Fraternity has the option of making an award without conducting an interview; however, the student, when invited, is expected to keep the interview appointment.

# SCHOLARSHIP APPLICATION

Attached is the application for the 2015 Kappa Charities of the Greater Capital Region, Inc. Scholarship Award. **To be considered, the application must be completed in full and received by April 1, 2015.**

Achievement and the pursuit of excellence are important ideals in Kappa Alpha Psi Fraternity, Inc. Each year, the Albany (NY) Alumni Chapter of Kappa Alpha Psi Fraternity, Inc., through its 501c3, awards college scholarships to minority male students. When selecting awardees, we will strongly consider academic performance and involvement in both the school community and the community at-large. We will also consider the financial need of the applicant.

**THE SCHOLARSHIP COMMITTEE OF KAPPA CHARITIES OF THE GREATER CAPITAL REGION, INC. WILL NOT ACCEPT APPLICATIONS THAT ARE LATE OR INCOMPLETE. PLEASE MAKE SURE THAT YOUR APPLICATION CONTAINS EVERYTHING THAT IS REQUIRED.**

**YOU WILL NOT BE CONTACTED AND ASKED TO CORRECT AN INCOMPLETE APPLICATION. PLEASE INCLUDE A PHOTO WITH YOUR APPLICATION.**

We intend to complete our selection of awardees by April 10, 2015. To do so, all applications must be received by April 1, 2015. **Incomplete and/or applications received after April 1, 2015 will not be considered.** If you have any questions contact Mr. Larry Norville at (518) 459-6162.

**Kappa Charities of the Greater Capital Region, Inc.  
c/o Larry Norville  
P.O. Box 1121  
Albany, New York 12201**

ALBANY (NY) ALUMNI CHAPTER  
**Kappa Alpha Psi Fraternity, Inc.**  
*TRAINING FOR LEADERSHIP SINCE 1911*

**Kappa Charities of the Greater Capital Region, Inc.**  
**SCHOLARSHIP APPLICATION**

APPLICANT NAME \_\_\_\_\_ AGE \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ GRADUATION DATE \_\_\_\_\_

PARENT'S NAME OR GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

GRADE POINT AVERAGE \_\_\_\_\_ CLASS RANK \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

EXTRACURRICULAR ACTIVITIES \_\_\_\_\_

\_\_\_\_\_

WHAT IS YOUR EDUCATIONAL OBJECTIVE? \_\_\_\_\_

\_\_\_\_\_

WHAT SCHOOL(S) ARE YOU CONSIDERING? \_\_\_\_\_

\_\_\_\_\_

TO WHICH SCHOOL(S) HAVE YOU APPLIED FOR ADMISSION? \_\_\_\_\_

\_\_\_\_\_

HAVE YOU BEEN ACCEPTED FOR ADMISSION AT YOUR SCHOOL OF CHOICE? YES \_\_\_ NO \_\_\_

WHAT FIELD OF STUDY DO YOU PLAN TO PURSUE? \_\_\_\_\_

\_\_\_\_\_

WHAT HAVE YOU SAVED TOWARD YOUR COLLEGE EXPENSES? \$ \_\_\_\_\_

WHAT IS THE TOTAL COST YOU ANTICIPATE FOR YOUR FIRST YEAR? \$ \_\_\_\_\_

HOW MUCH OUTSIDE FINANCIAL AID DO YOU EXPECT TO RECEIVE? \$ \_\_\_\_\_

OCCUPATION OF PARENT(S)/GUARDIAN(S) \_\_\_\_\_

NAMES AND AGES OF BROTHER(S) AND/OR SISTER(S) LIVING AT HOME \_\_\_\_\_

NAME(S) OF FAMILY MEMBERS WHO ARE CURRENTLY IN COLLEGE AND WILL BE  
CONCURRENT WITH YOUR ATTENDANCE \_\_\_\_\_

WHAT SCHOOL(S) ARE THEY CURRENTLY ATTENDING? \_\_\_\_\_

**REFERENCES**

List the teachers/guidance counselors who will be writing letters of recommendation to support your application. Note: Letters of recommendation may be submitted with your application or sent directly to the Larry Norville, Chairman of the Scholarship Committee. Submission deadlines apply equally to all letters of recommendation. You are responsible for contacting and advising your references.

1. \_\_\_\_\_  
Name Address Office Phone #

Are you a teacher or guidance counselor? \_\_\_\_\_

2. \_\_\_\_\_  
Name Address Office Phone #

Are you a teacher or guidance counselor? \_\_\_\_\_

\*\*\*\*\*  
PLEASE ATTACH YOUR  
SCHOOL (OR SUITABLE)  
PHOTO HERE  
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