EL PASO - LAS CRUCES
ΚΑΨ ΚΑΨ
ALUMNI

Kappa Community Service Foundation (KCSF)

Scholarship Application Form

Class of 2025 Graduating High School Seniors

All applications must be received on or before 5 p.m. on May 13, 2025 by the **Kappa Community Service Foundation (KCSF).**

The Foundation does not accept applications by fax or e-mail.
(PLEASE TYPE ALL INFORMATION)
All applicants will receive written notification of their award status by June 1, 2025.

Send applications to:
Kappa Community Service Foundation (KCSF)
c/o Michael S. Williams
2905 Quasar Drive
Las Cruces, New Mexico 88011-1605

Kappa Alpha Psi (ΚΑΨ) is a collegiate Greek-letter fraternity with a predominantly African American membership. Since the fraternity's founding on January 5, 1911 at Indiana University Bloomington, the fraternity has never limited membership based on color, creed or national origin. The fraternity has over 150,000 members with 721 undergraduate and alumni chapters in every state of the United States, and international chapters in the United Kingdom, Germany, Korea, Japan, United States Virgin Islands, Nigeria, and South Africa.

We are unable to make copies of required information for you. Please remember to make a copy of your packet before you e-mail, mail or hand carry.

You may download this application from our web site - www.eplckappa.org

Kappa Community Service Foundation (KCSF) Scholarship Eligibility

The Kappa Community Service Foundation of El Paso and Las Cruces administers a number of scholarship funds that provide financial assistance for higher education to numerous El Paso County, Doña Ana County, and Otero County students. This application is for the ***Six scholarships*** listed below.

1. Be a male
2. You must have a GPA of 2.5 or higher to apply.
3. Be a resident of El Paso, Las Cruces, or Alamogordo for 2 years prior to submitting and application
4. Be a graduating High School Senior in El Paso County, Doña Ana County or Otero County Public High School
5. Be a U.S. citizen
6. Plan to attend an accredited two or four-year College or University
7. Show personal leadership qualities as demonstrated in extracurricular school and community activities
8. Have the ability to communicate effectively.
9. The ***essay describing your reason for submitting this application***, your educational goals and your personal goals. You may also report any unusual family or personal circumstances you feel warrant attention. **{On a separate page}** *Please Attach Your School (or Suitable) Photo Below within the picture frame *Send a (.jpg) Photo to KCSF@eplckappa.org**
10. Please attach letter from: School official, i.e., Principal or counselor or Sponsoring club Representative. You may attach a letter of recommendation from one other person. Application should be accompanied by a copy of student's transcript.
11. Scholarships are awarded on a competitive basis and subject to the availability of funds. Consideration of awards is granted, not guaranteed to students who meet minimum eligibility requirements.
12. The Kappa Community Service Foundation (KCSF) ***reserves the right to change the requirements and award amounts*** of the above scholarships without prior notice.

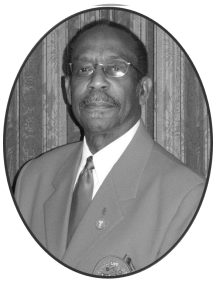
The eligibility criteria are given under each of the scholarships listed below. By completing this application, you will be considered for all scholarships for which you meet the criteria.

Dr. Herman P. Bailey Scholarship ($2,000 one-time award)

Ronald Booker Scholarship ($1,500 one-time award)

Kappa 50 Scholarship ($2,000 one-time award)

Isaiah L. Scott Scholarship ($1,000 one-time award)



Earl R. Greene Scholarship ($1,000 one-time award)

Alfred D. Fielder Scholarship ($1,000 one-time award)

Kappa Community Service Foundation (KCSF)

SCHOLARSHIP APPLICATION

(PLEASE TYPE ALL INFORMATION)
DO NOT CUT AND PASTE OR TAPE INFORMATION

APPLICANT DATA

Name _____ Cell Number _____

Address _____ Home Number _____ (optional)

Email _____

CITIZENSHIP

Are you a U.S. Citizen? ☐ Yes ☐ No If not, are you a naturalized citizen? _____

Social Security Number

XXX-XX-_____

Last 4 digits of SSN only.

PARENT(S) OR GUARDIAN DATA

Name _____

Address _____

Telephone _____

☐ Single Parent
☐ Mother & Father
☐ Grandparents

HIGH SCHOOL & POST SECONDARY DATA

Name of High School_____ Graduation Date _____ Year _____

Name of Post-secondary school you plan to attend. If unknown, list schools in which applications for admission have been sent.

1st Choice _____ Location _____ ☐ Accepted ☐ Applied

2nd Choice _____ Location _____ ☐ Accepted ☐ Applied

3rd Choice _____ Location _____ ☐ Accepted ☐ Applied

4 yr. College or University ☐ Community College ☐ Vocational School Other _____

Enrollment status ☐ Full-time ☐ Part-time

Living Arrangements: ☐ on campus ☐ off campus ☐ commute from home

Major or course of study _____

ACTIVITES, AWARDS AND HONORS

List both ***school and volunteer/community activities*** in which you have participated in during the past four years (i.e., student government, sports, band, chorus, etc. and/or hospital volunteer, church work, baby-sitting, etc.). A leader's signature must validate each activity. If the leader is not available, a parent or guardian may sign for the leader. You may attach a separate sheet of paper for this section. If attaching a separate sheet of paper, use only one side of paper.

Athletics: List each sport, level of participation (Varsity or JV) and special recognition you have received (Captain, All Star, etc.) **Clubs:** List any extra-curricular activities at your School in which you have been involved. Please note any leadership roles and indicate level of involvement. **Visual Arts:** List any competitions, types of instruction (both in and out of school), years of involvement. Note any awards or special recognition you have received. **Performing Arts --Music, Theater:** Indicate the nature of your involvement (e.g., actor, stage manager, etc., music or dance performance). Please note any awards or special recognition you have received.

Sport/Club/School Activity/Competition/Instruction	Check school year(s) involved				Role/Awards	Leader's/Coach's Name
	☐ 9th	☐ 10th	☐ 11th	☐ 12th		
	☐ 9th	☐ 10th	☐ 11th	☐ 12th		
	☐ 9th	☐ 10th	☐ 11th	☐ 12th		
	☐ 9th	☐ 10th	☐ 11th	☐ 12th		
	☐ 9th	☐ 10th	☐ 11th	☐ 12th		

Community Service/Volunteer Activity:

Name/Location	Nature of Work	Avg. hrs/Week	Leader's/Supervisor

TRANSCRIPT DATA

TO BE COMPLETED BY A SCHOOL OFFICIAL (guidance counselor or BRACE advisor)

Applicant ranks _____ In a class of _____

Applicant's cumulative **Grade Point Average:** Weighted: _____ Unweighted _____

PSAT Verbal _____ Math _____ Writing _____ Total _____

SAT Verbal _____ Math _____ Writing _____ Total _____

ACT Eng _____ Math _____ Read _____ Sci _____ Writing _____ Comp _____

PSAT Date Taken _____ **SAT** Date Taken _____ **ACT** Date Taken _____

I certify this data is from the ***9th thru 12th semester official transcript.*** _____

Signature (guidance counselor or BRACE advisor)

Applicant's Signature _____ **Date** _____

Applicant's Parent/Guardian Signature _____ **Date** _____