





Established 1984  
Kappa Scholarship Endowment Fund, Inc.<sup>®</sup>  
P.O. Box 29331 • Washington, DC 20017

**KSEF Official Scholarship Application**

Name of Parent/Guardian: \_\_\_\_\_

Name

Relationship

Address

Home Phone

City

State

Zip Code

Statement of Financial Need: Submit Student Aid Report (SRA). Optional W2/1040/other verification

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**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, submit Student Aid Report (SRA). Additional W-2 /1040/other verification may be provided.
- ◆ 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:**

Vincent C. Bruton, President  
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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## KAPPA SCHOLARSHIP ENDOWMENT FUND, INC. SCHOLARSHIP APPLICATION CHECKLIST

USE THIS CHECKLIST TO ENSURE YOUR APPLICATION IS COMPLETE

<b>Application Page One</b>	
Provide your full name, address, and telephone number	<input type="checkbox"/>
Provide your grade point average and 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	<input type="checkbox"/>
Enclose two letters of recommendations	<input type="checkbox"/>
Sign and date the application	<input type="checkbox"/>