

Dear Applicant,

The KAPsi Foundation, Decatur Inc. is committed to providing scholarships to qualifying, **graduating seniors, males and females from DeKalb County High Schools** to assist them in their transition into post-secondary institutions of higher learning. Through the generous support of donations and fundraisers, we are pleased to announce the availability of the following scholarships:

5 - \$1,000 Scholarships for students with GPA's 2.5 – 3.3

5 - \$1,000 Scholarships for students with GPA's 3.4 – 4.0+

Application Deadline: Tuesday, March 31, 2020

All applicants must meet eligibility requirements and all semi-finalists are required to participate in a panel interview process. Eligibility for the scholarships requires that the applicant:

- Be a graduating high school senior from an accredited **DeKalb County High School.**
- Must enroll as a full-time student in a bachelor's degree program at an accredit college or university in the fall directly following your graduation from high school.
- Demonstrates leadership, academic achievement, community involvement, and community service.
- Submits the following documents:
 - Official (sealed) copy of high school transcript
 - Proof of acceptance at a college or university
 - Two recommendation forms (from a church, high school or community leader that is NOT a relative)
 - Biographical sketch
 - Essay on a specified topic
- Scholarship recipients must provide proof of college or university enrollment prior to award being released June/July 2020.
- Award recipients are required to attend KAPsi Foundation's Annual Golf Tournament Luncheon at Lake Lanier, Saturday, April 18, 2020 to be introduced as our 2020 Award Recipients. (Failure to attend could result in the award being rescinded/cancelled.

2020 KAPsi Foundation Decatur, Inc. Scholarship Application Gerald Mosley, Chairman

APPLICANT INFORMATION			
Name			
Name: Last	First	Middle	
TT A 11			
Home Address:			
City:	State:	Zip Code:	
Date of Birth			
Date of Birth:	у		
Home phone: ()		Alternata phone: ()	
Home phone: ()		Alternate phone. ()	
Email address:			
Parent's Name:			
ACADEMIC INFORMATION			
Name of DeKalb County High Sc	hool:		
City:	State	Zin Codo:	
city		Zip Code	
Date of Graduation			
Date of Graduation	GPA	SAT Score AG	_1 Score
List all academic achievements, h	onors or accor	nplishments and list dates rec	eived
List all school organizations and a	all extra-curric	ılar activities	
List an school of gamzations and t			
Apr	plicant Name_		

COLLEGE INFORMATION				
College you plan to attend:				
City:	State:	Zip Code:		
Have you been accepted? Yes	No			
Anticipated major field of study:				
LEADERSHIP				
List all leadership roles you currently hold or have held in the last 4 years.				

COMMUNITY SERVICE

List all community service activities and the hours you have participated in these events. Please provide number of hours per event and total hours per year for $10^{\text{th}} - 12^{\text{th}}$ Grades. Example: WRC Tutoring 5/1/18, 5/8/18 & 5/15/18 5hrs each - Total hours 2018 = 15hrs - 10th Grade May attach additional sheet if required.

ESSAY

Please attach a 1 page essay on the topic, "How has community service and education made an impact in your life?" (Please put your name on each page).

BIOGRAPHICAL SKETCH

Please attach sketch in 100 words or less, tell us who you are, what you've accomplished, and your career goals.

Applicant Name_____

APPLICATION CHECKLIST/CERTIFICATION OF INFORMATION FORM

All applications must be completed in their entirety to be considered for an award. Applicant must be typed or printed legibly. Before submitting your application, ensure that the following items in the checklist are enclosed:

- Completed APPLICATION CHECKLIST and signed CERTIFICATION OF INFORMATION FORM.
- One original completed APPLICATION PACKAGE
- One official (sealed) copy of the HIGH SCHOOL TRANSCRIPT
- One copy of SAT and/or ACT scores
- BIOGRAPHICAL SKETCH
- Essay
- Two sealed RECOMMENDATION FORMS as required
- One copy of the LETTER OF ACCEPTANCE from the college/university you plan to attend.

Applicants that become semi-finalists will be required to participate in a panel interview process.

The Scholarship Committee reserves the right to eliminate any incomplete, unsigned, late or illegible applications.

Certification of Information

By signing below, I certify that the information in this application and any accompanying documents are accurate and complete to the best of my knowledge. If I am selected for a scholarship, I authorize release of biographical information and use of my photograph for use in publicity and/or related to the KAPsi Foundation Decatur, Inc.'s website.

Applicant's Signature

Date

All applications must be completed and postmarked on or before Tuesday, March 31, 2020 to:

KAPsi Foundation Decatur, Inc. Attn: Scholarship Committee P. O. Box 370364 Decatur, GA 30037

If you have questions, please contact Mrs. Banks at 678-467-9448 or ndbanks@aol.com

Applicant Name

RECOMMENDATION FORM

Category	Excellent	Good	Fair	Poor	Don't Know
Scholastic achievement					
Community service					
Leadership skills					
Commitment to a college degree					
Goal setting					
Participation					

Additional Comments:

RECOMMENDATION FORM

Section I – To be completed by Applicant

Name of Applicant_____

Section II – To be completed by a high school, church or community leader who can speak on questions about his/her leadership skills. The person completing this section must not be related to the applicant.

Recommendation From:	
Name	Title
1. How long have you known the applicant?	In what capacity have you

2. Please give your personal appraisal of the applicant by placing X under the rating of your choice for each category.

Category	Excellent	Good	Fair	Poor	Don't Know
Scholastic achievement					
Community service					
Leadership skills					
Commitment to a college degree					
Goal setting					
Participation					

Additional Comments: