

**Hampton-Newport News Alumni Chapter Kappa Alpha Psi Fraternity, Inc.  
Scholarship Application**

Please TYPE the information on this application form or visit:  
<http://nnadmin.sbo.nn.k12.va.us/gearup/>

**Part A- General Information**

\_\_\_\_\_  
Last Name                                      First Name                                      MI

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

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Phone Number \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
Street                                      City                                      State                                      Zip Code

Name of high school and city: \_\_\_\_\_

College(s) to which you have applied \_\_\_\_\_

Have you been accepted for admission to a college? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of college(s) \_\_\_\_\_

Name of college you plan to attend \_\_\_\_\_

**Part B- Residency Information**

Are you a U.S. citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a resident of the Commonwealth of Virginia? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many years have you lived in Virginia? \_\_\_\_\_

Name of Parent(s) or Guardian \_\_\_\_\_

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

Street                                      City                                      State                                      Zip Code

Phone Number: \_\_\_\_\_

**Part C- Achievements**

List your involvement in extra-curricular activities, community and civic activities: (use attachments if necessary)

List any high school or other scholastic accomplishments you have achieved: (use attachments if necessary)

**Part D- Essay**

Please submit a typed essay with at least 200 words but no more than 300 words to describe your educational and or career goals. Attach your essay to the application.

**Part E- Verifications**

Please provide the following information and documents.

Official high school transcript to verify the following:

SAT or ACT Test Scores: Critical Reading \_\_\_\_\_ Math \_\_\_\_\_ Total \_\_\_\_\_

Cumulative GPA \_\_\_\_\_

Class Rank \_\_\_\_\_ of \_\_\_\_\_

Two letters of Recommendation: One from a School Counselor, Teacher or other School Administrator and another from one of the following: Minister, Employer, Civic or Community Leader

A statement of financial need (if applicable)

**Part F- Certification**

I certify that the information I have provided above is true.

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Signature of Applicant

Date

MAIL TO:  
Eric Hairston  
2 Stephanies Road  
Hampton, Virginia 23666  
**DEADLINE: March 30, 2012**