



KAPPA ALPHA PSI FRATERNITY INC
Tucson-Sierra Vista Alumni Chapter
2022 Scholarship Application

Tucson Alumni Chapter | P.O. Box 18990 | Tucson, AZ 85731

THE SIDNEY LEE DAWSON SCHOLARSHIP

INTRODUCTION

Brother Sidney Lee Dawson was a founding member of the Tucson-Sierra Vista Alumni Chapter. Brother Dawson Mrs. Brown passed away in September 2009. Brother Dawson left a legacy of high academic standards, commitment to community service, and a love of humanity. To honor his legacy, the Tucson-Sierra Vista Alumni Chapter of Kappa Alpha Psi Fraternity, Inc established the Sidney Lee Dawson Scholarship to assist high school seniors who have a passion to learn, a determination to succeed, and an eagerness to earn a college degree.

ELIGIBILITY CRITERIA

- High school senior
- Minimum cumulative grade point average (GPA) of 2.5
- Accepted to an accredited 4-year college or university upon graduation

A COMPLETE application packet will include:

- Applicant must submit a typed application with a photo on /or before stated deadline.
- Applicant must submit an official high school transcript
- Applicant must submit a copy of the acceptance letter from the admissions office of the college/university to be attended indicating that the applicant has applied and will be admitted to the university.
- Applicant must demonstrate outstanding achievement.
- Applicant must attach one reference letter affirming the applicant's character and ability. Involvement in the community and school activities should be evident.
- Applicant should show evidence of ability to communicate well.
- Applicant should show signs that he would start college, complete course work and graduate.
- Applicant should show signs that he plans to help others after graduation.

If interested in applying for this scholarship, complete all sections below, and email or mail it to the Tucson-Sierra Vista Alumni Chapter address found below. All applications must be postmarked by **May 2, 2022**.

Mail Application to: Tucson Alumni Chapter P.O.
Box 18990
Tucson, AZ 85731

Email Application to: tvascholarship@gmail.com

If you have any questions, please contact the Scholarship Committee Chair, Sam Ross @ 949-237-0895



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APPLICANT COVER SHEET

***** Attach this form to the front of your completed scholarship application. *****

Name _____ Date _____
Address _____
City _____ Zip Code _____ Phone _____
High School _____ Overall GPA _____

Scholarship Eligibility Requirements

- Senior attending a high school located in the service areas of the Tucson-Sierra Vista Alumni Chapter
Grade point average of 2.5 (based on a 4.0 scale)
- Accepted to an accredited 4 year college or university for the 2021-2022 academic year. If awarded the scholarship, you must provide verification of enrollment.
Include information regarding financial need.
- Participant in Kappa League/Guide Right Program

Submit Completed Application to:

Kappa Alpha Psi Fraternity, Inc.
Tucson-Sierra Vista Alumni Chapter
Attention: Scholarship Committee
P.O. Box 18990
Tucson, AZ 85731

Access the official application online <http://tsvalumni.com/>

This is a fillable PDF. For handwritten applications, please **PRINT** legibly in blue or black ink.
The essay portion must be typed (not handwritten) and attached to the application.
See essay requirements on page 6.



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Scholarship Application Checklist

Use this checklist to make sure that you have submitted all the required materials to receive consideration for the scholarship. Incomplete applications will **not** be considered.

Your application **must** include the following documents:

Applicant cover sheet

- A completed application form (pages 4–7)
- A parent/guardian’s signature (pages 5 and 7)
- Your signature at the end of the application (page 7)
- Media Release and Photography Form (page 7)
- An **official** high school transcript
- A 300-500 word typed essay (please include applicant name and page # on each page)
- One Letter of recommendation from any of the following persons:
 - High School Teacher
 - High School Counselor
 - High School Principal
 - Community Leader
 - Minister
 - Organizational Sponsor
 - Volunteer Coordinator
 - Employer

Recommendations from family members in the categories above will not be accepted. It is suggested that you ask the people who are writing your recommendations to comment upon (1) the length of time they have known you; (2) your personal qualities, character, leadership abilities, and/or any special attributes.

The Letter of recommendation must be an original and should be limited to one side of a single sheet of 8.5” x 11” paper, typed, dated, and signed by the author.

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Directions: Provide all information requested below.

I. Applicant Information			
First Name	Middle Name	Last Name	Gender
Street Address			
City		State	Zip
Home Phone	Cell Phone	E-mail Address	
Date of Birth (Month/Day/Year)		Place of Birth (City and State)	
High School			
High School Attending		Grade	Overall GPA
Address	City	State	Zip
Anticipated College/University and Major			
Preferred College/University		Location (City and State)	
Intended Major/Field of Study		Intended Minor/Field of Study	
II. Parent/Guardian Information			
Name of Mother/Guardian			
Mother/Guardian's Address (if different from applicant's)		City	State Zip
Mother's Work Phone		Mother's Home/Cell Phone	
Mother's Occupation		Mother's Employer	
Name of Father/Guardian			
Father/Guardian's Address (if different from applicant's)		City	State Zip
Father's Work Phone		Father's Home/Cell Phone	
Father's Occupation		Father's Employer	

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III. Financial Need

Check the box below that best describes your family's combined annual gross income. Income should include employment, SSI, FIA, alimony, child support, disability, etc. Proof of income may be required.

- | | |
|--|--|
| <input type="checkbox"/> \$0 - \$14,999 | <input type="checkbox"/> \$50,000 - \$74,999 |
| <input type="checkbox"/> \$15,000 - \$29,999 | <input type="checkbox"/> \$75,000 - \$99,999 |
| <input type="checkbox"/> \$30,000 - \$49,999 | <input type="checkbox"/> \$100,000 or more |

Number of Dependent Children in Family	Number of Dependent Children Currently Attending a College/University
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Signature of Parent/Guardian	Date
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IV. Honors and Awards (e.g., academic, athletic, community, and/or school awards)

Award	Source of Award	Reason(s) for Award
1.		
2.		
3.		
4.		
5.		

V. Extra-Curricular/Community Service Activities (e.g., school, religious, social groups)

Name of Group/Activity	Grade (Check boxes that apply.)				Leadership Position(s) Held
	9	10	11	12	
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VI. Work/Volunteer Experience

Employer/Organization	Dates of Employment/Service	Position Held
1.		
2.		
3.		
4.		
5.		
6.		



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VII. Essay

Write a 300-500 word essay about your views on how you feel the Civil rights movement changed the world and what changes would you make to current policies and procedures that would allow better collaboration with non-governmental agencies i.e. National Association Advancement for Colored People (NAACP) and League of United Latin American Citizens (LULAC) to better understand the racial divide that is evident in current society.

- Typed – 12 point font
- Times New Roman
- Double spaced
- 300 to 500 words in length



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I hereby certify that all the information provided in this application is accurate and current. I understand this application packet will be kept confidential, and all materials submitted become the final property of the Tucson-Sierra Vista Alumni Chapter of Kappa Alpha Psi Fraternity, Inc.

Signature of Applicant

Date

VIII. Media Release and Photography Form

CONSENT TO PHOTOGRAPH

I (please print name) _____ voluntarily
give permission for my son, (print student's name)

_____ to be photographed and videotaped. My signature gives consent to the use of his likeness in any publication, educational material, advertising, news media, and World Wide Web materials that the Tucson-Sierra Vista Alumni Chapter may utilize and produce in regards to the Sidney Lee Dawson Scholarship. I understand and agree that such materials, including all digital images, and prints shall become and remain the sole property of the Tucson-Sierra Vista Alumni Chapter. I further understand and agree that these materials may be kept on file and used by the Tucson-Sierra Vista Alumni Chapter for potential future use. I agree to release the Tucson-Sierra Vista Alumni Chapter from any and all liability arising from or in connection with the taking, use, publication, or dissemination of such materials. Copies of these photos may be distributed to the parent upon request.

Signature of Applicant's Parent or Guardian

Date