



Kentucky State University Louisville Alumni Chapter High School Student Scholarship Application

PURPOSE: The Scholarship was established to provide assistance to a deserving African American high school graduate and enable the student to complete his/her educational objectives at Kentucky State University.

SCHOLARSHIP INFO: All applications will be reviewed by the Scholarship Committee of the Kentucky State University Alumni Association, Louisville Chapter. Scholarship amounts will be awarded from \$500.00 up to \$2000.00, based on availability. **Monetary awards are payable to Kentucky State University, not individual scholarship recipients in two equal disbursements.** Disbursements are processed in the fall and spring semesters. Verification of enrollment must be presented for payment.

ELIGIBILITY CRITERIA: The application must be completed by the student applicant and meet all criteria outlined below to be eligible for this scholarship.

1. Must be a resident of Jefferson County.
2. Must be a graduating high school senior
3. Minimum cumulative GPA of 2.5 verified by official high school transcript
4. Must have a Letter of Acceptance (copy) from Kentucky State University
5. Application must be complete. Incomplete applications will not be reviewed.

APPLICATION PROCEDURE: All applicants must submit the following

- (1) Completed application
- (2) An **official** high school transcript that includes the first semester grades, weighted cumulative GPA, and test scores (sent electronically or in a sealed envelope if mailed)
- (3) Two (2) Letters of Recommendation
 - One (1) from an adult who knows the student (this should not be a family member)
 - One (1) from a high school Administrator; Principal, Counselor, Teacher or Coach
- (4) Mail or electronically submit the completed application, the checklist, and all supporting documents by the deadline, March 29, 2024 to kysulacscholarships@gmail.com.

Mailing Information: Postmark date: March 29, 2024

Attn: Scholarship Committee

KSU Alumni Association, Louisville Chapter

P. O. Box 21185

Louisville, KY 40221



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Section I - Applicant Information

Please print legibly or type

Name: _____
(First Middle Last)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Numbers: Home-() _____ - _____ Cell-() _____ - _____ **Date**

of Birth: (MM/DD/YYYY) _____ / _____ / _____

Section II - School and Community Information

Name of High School: _____

Address _____

City: _____ **State:** _____ **Zip:** _____ **Date of**

Graduation: _____ / _____ / _____ **GPA:** _____

Counselor: _____



List Honors/Awards Received with the past 3 years: *(you may attach additional pages if needed)*

List Extracurricular Activities and Office(s) held at school:

List Community/Church/Civic organizations/activities you have participated in and any offices held:

Have you been awarded any other scholarships and/or grants?

No Yes, list them below

Source; Organization and/or Group amount of the Award

List of Colleges/Universities to which you have already applied.

What is your intended College Major? _____



High School Student Scholarship Application Checklist

Check off each item and Include this checklist with your application.

Incomplete applications will not be considered

Name: _____

I am submitting the following documents as part of my application for the Kentucky State University, Louisville Alumni Chapter Scholarship, and certify that all statements are true and correct.

Applicant Signature: _____ Date ____/____/____

1. Scholarship Application Checklist with Signatures
2. Completed KSU Scholarship Application
3. 1 Letter of Recommendation from an Adult who knows you
4. 1 Letter of Recommendation from School Administrator
5. Official High School Transcript (submitted electronically or in a sealed envelope)
6. Letter of Acceptance from Kentucky State University
7. Essay

Parent / Legal Guardian Certification (if student is under 18 years of age)

I consent to my child's application for a scholarship and understand, if awarded, the funds will be payable to Kentucky State University. I certify that the foregoing documents and statements are correct.

Parent/Legal Guardian **Printed** Full Name Phone Number

Date: ____/____/____
Parent/Legal Guardian Signature *Month Day Year*

Mailed applications must be postmarked by March 29, 2024.

Electronic applications, including all supporting documents, should be submitted by March 29, 2024, to
kysulacscholarships@gmail.com.

The subject line should be titled Scholarship Application and your initials *Scholarship
Committee C/O KSU Alumni Association*

*Louisville Chapter
P. O. Box 21185 Louisville, KY 40221*