



## Kentucky State University Louisville Alumni Chapter Returning Student Scholarship Application

**PURPOSE:** The Scholarship was established to provide assistance to a currently enrolled/returning African American student and enable the student to complete his/her educational objectives at Kentucky State University. With the understanding that the funds can only be used for tuition, books, and incidental university fees; in no case shall the award be used to pay personal debts or living expenses.

**SCHOLARSHIP INFO:** All applications will be reviewed by the Scholarship Committee of the Kentucky State University Alumni Association – Louisville Chapter. The recipient will be awarded up to \$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 have a cumulative GPA of 2.5 or above documented by official KSU transcript
3. Must provide proof of enrollment at Kentucky State University for the semester the scholarship is being requested
4. Must identify and/or explain financial need/ reason(s) in the appropriate section on the application

**APPLICATION PROCEDURE: All applicants must submit the following**

- (1) Completed application (Application is downloadable and may be submitted electronically).
- (2) An official KSU transcript that includes the previous semester grades, weighted cumulative GPA, forwarded directly to the Scholarship Committee from the Registrar
- (3) Electronic and mailed applications must be submitted/ postmarked by March 29, 2024. Electronically submitted applications, including all supporting documents should be emailed to [kysulacscholarships@gmail.com](mailto:kysulacscholarships@gmail.com). The subject line should be titled Scholarship Application followed by your initials.

*Scholarship Committee C/O 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)

**Campus Address :** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Numbers:** Home-(    ) \_\_\_\_\_ - \_\_\_\_\_ Cell-(    ) \_\_\_\_\_ - \_\_\_\_\_

**Date of Birth:** (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ **Student ID:** \_\_\_\_\_

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### Section II - Program of Studies

**Major :** \_\_\_\_\_ **Minor:** \_\_\_\_\_

**Anticipated date of Graduation:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Cumulative GPA:** \_\_\_\_\_

**List Honors/Awards received *while a student at KSU*** (you may attach additional pages if needed)



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

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

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

No  Yes, list them below

Source; Organization and/or Group amount of the Award

**Identify and/or explain the financial purpose/ reason(s) you are applying for this scholarship assistance? 100 word minimum.**

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Name: \_\_\_\_\_

I am submitting the following documents as part of my application for the 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 Returning Student Scholarship Application
3. Official Kentucky State University transcript
4. Proof of enrollment status from Kentucky State University
5. Statement of financial need/reason for KSU scholarship

Parent / Legal Guardian Certification (if applicant 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.

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Legal Guardian *Printed* Full Name

\_\_\_\_\_  
Parent/Legal Guardian Signature

**Mailed applications must be postmarked by March 29, 2024.**

**Electronically submitted applications, including all supporting documents should be  
emailed to [kysulacscholarships@gmail.com](mailto:kysulacscholarships@gmail.com)  
the subject line should be titled Scholarship Application and your initials**

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