



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 or bordering Kentucky counties
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 27, 2023. Electronically submitted applications, including all supporting documents should be emailed to 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:** _____

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:

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



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Returning 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 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.

Parent/Legal Guardian **Printed** Full Name Date: ____/____/____

Parent/Legal Guardian Signature

Mailed applications must be postmarked by March 27, 2023.
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