

**KAPPA PSI PHARMACEUTICAL FRATERNITY ETA CHAPTER
LEGACY SCHOLARSHIP FUND
Application Form**

*Please type or print clearly in **black ink**.*

STUDENT'S NAME _____
FIRST MIDDLE LAST NICKNAME

HOME ADDRESS _____
STREET CITY STATE ZIP

HOME TELEPHONE # (_____) _____ AGE _____ MALE/FEMALE _____

CELL PHONE # (_____) _____ EMAIL ADDRESS _____

BUSINESS OR OFFICE TELEPHONE # (_____) _____

MAJOR _____ CLASS YEAR _____ GPA _____ EXPECTED GRADUATION YEAR _____

RELATIVE OF ALUMNI OF KAPPA PSI PHARMACEUTICAL FRATERNITY, ETA CHAPTER: YES _____ No _____

If yes, please provide a name and contact information (required).

ALUMNI NAME _____
FIRST MIDDLE LAST NICKNAME

RELATIONSHIP OF ALUMNI TO APPLICANT: _____

HOME ADDRESS _____
STREET CITY STATE ZIP

HOME TELEPHONE # (_____) _____ AGE _____ MALE/FEMALE _____

CELL PHONE # (_____) _____ EMAIL ADDRESS _____

DATE: _____ APPLICANT SIGNATURE: _____

CHECKLIST OF REQUIRED ITEMS FOR APPLICANT

- Signed Application Form
- Relatives of Kappa Psi Alumni: Letter of Nomination from Kappa Psi Alumnus
- Letter of Recommendation from a faculty member
- Official Copy of Transcript
- Essay
- Applicant short Bio and/or Resume

APPLICATION MUST BE RECEIVED BY EMAIL BY MIDNIGHT MAY 15

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SCHOLARSHIP CRITERIA

1. Student must be enrolled at the University of the Sciences in Philadelphia (formerly Philadelphia College of Pharmacy & Science).
2. All applications are encouraged; preference is given to relatives of alumni of Kappa Psi Pharmaceutical Fraternity, ETA Chapter.
3. A student must have a cumulative GPA of 2.5 or higher to be eligible to receive the scholarship.
4. The scholarship award may be used for tuition, fees and other educational expenses billed through the University.
5. The scholarship award is for one academic year. A student may apply for scholarship renewal.
6. Scholarship awards will be issued directly to the University.

APPLICATION REQUIREMENTS

1. Submit this signed application form.
2. If you are a relative of alumni of Kappa Psi Pharmaceutical Fraternity, ETA Chapter, submit a letter of nomination from your relative.
3. Submit a letter of recommendation from a faculty member.
4. Submit an **official** copy of your academic transcript.
5. Applicants should submit a short essay (no greater than 500 words) on why they should be awarded this scholarship.
6. Applications should include a short bio and/or resume of the student applicant.
7. Applications must be e-mailed to Mr. Kevin Baffa, Scholarship Administrator; grants@chescocf.org
8. All applications must be e-mailed **no later than midnight May 15th**.
9. Only on-time, completed applications will be reviewed. Late or incomplete applications will not be reviewed.
10. Forward questions about the application process or scholarship eligibility to **grants@chescocf.org** or 610-696-8211.
11. Students will be notified by June 30th if they are selected to receive a scholarship.