

**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: \_\_\_\_\_

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**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 June 1st**

# KAPPA PSI PHARMACEUTICAL FRATERNITY ETA CHAPTER LEGACY SCHOLARSHIP FUND

## SCHOLARSHIP CRITERIA

1. Student must be enrolled at Saint Joseph's University (formerly the University of the Sciences in Philadelphia & 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 Kevin Baffa, Scholarship Officer at [grants@chescofc.org](mailto:grants@chescofc.org)
8. All applications must be e-mailed **no later than midnight June 1st**.
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@chescofc.org](mailto:grants@chescofc.org) or 610-696-8211.
11. Students will be notified by June 30<sup>th</sup> if they are selected to receive a scholarship.