



ATLANTIC CITY (NJ) ALUMNI CHAPTER
KAPPA ALPHA PSI FRATERNITY, INC.



BARRY SPRATT MEMORIAL BOOK SCHOLARSHIP

FOR

GRADUATING HIGH SCHOOL SENIORS (\$500)

• **APPLICATION CRITERIA & FORM**

- the community Applicant must be a minority student from Atlantic, Cape, Salem or Gloucester Counties
- If applicant is outside of the Counties must include name of referring Fraternity Brother for consideration
- Applicant must confirm they've been accepted to an accredited 4 year or 2 year college, Business/Trade school
- Applicant must submit a copy of his/her high school transcript
- Applicant must submit two letters of recommendation (1 from school official/1 personal) with this application
- All areas of the application must be completed and submitted at the same time or risk being voided
- Please type (preferred) or print legibly. Thank you!

Applications must be emailed no later than April 15, 2025 email to darren.clinkscale@atlanticare.org

Applicant's Full Name: _____
First Middle Initial Last

Address: _____
Street City Zip Email Address

Phone: () Age: Birthdate:

Graduating High School: GPA:

Intended College/University: When Attending:

Proposed Major: Career Goal:

Name of Fraternity Brother Who Referred You (If Applicable)

Please list your High School extra-curricular and community activities along with responsibilities and/or offices held.
Example: student government, drama club, athletics, debate team, civic organizations, etc. (Ok to attach separate)

Please list the High School honors you have received, if any. (Ok to attach separate sheet)



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APPLICATION FORM

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ESSAY QUESTION

(250 word Maximum)

The fundamental purpose Kappa Alpha Psi Fraternity, Inc. is achievement. Each member is to strive to achieve in all their endeavors. We are driven to do our very best in whatever vocation and or activity in which we are involved (i.e. business, arts, science, politics or athletics).

Essay Question: "What does achievement mean to you and what do you do to demand the very best of yourself?"

I CONFIRM THAT ALL OF THE INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY GIVE ATLANTIC CITY (NJ) ALUMNI CHAPTER OF KAPPA ALPHA PSI FRATERNTIY, INC. PERMISSION TO USE MY NAME AND PHOTOGRAPH FOR THE PURPOSE OF PUBLIC RELATIONS AND PUBLICATIONS. NOTE – ALL INFORMATION SUBMITTED WILL BE HELD CONFIDENTIAL UNLESS OTHERWISE NOTED.

Today's Date:_____ Your Signature:_____

Return the entire completed application with all the requested material via PDF email to darren.clinkscale@atlanticare.org

**SUBJECT: Atl. City (NJ) Alumni Chapter
KAPPA ALPHA PSI FRATERNITY, INC.
BARRY SPRATT MEMORIAL BOOK SCHOLARSHIP
(YOUR NAME)**

For any further questions, please send email to darren.clinkscale@atlanticare.org