



**LOWER HUDSON VALLEY
DIAMOND FOUNDATION**



PO Box 1193 • WHITE PLAINS, NY • 10602

2019 SCHOLARSHIP APPLICATION

Each year, for the past 23 years, the Lower Hudson Valley Diamond Foundation (the “Foundation”), has awarded college scholarships to graduating high school students seeking to further their educational pursuits. The Foundation is the not-for-profit/philanthropic entity of the New Rochelle-White Plains Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. This scholarship opportunity will be awarded to the recipient each year, for four successive years, as long as the recipient meets the academic standards set by the Foundation. When selecting awardees, the Foundation will take into consideration academic performance, involvement in the school community, involvement in the community at large, and financial need.

The following outlines the procedures the applicant must follow to enter the competition for the scholarships:

1. Complete the application form (**INCLUDING THE REQUESTED PHOTOGRAPH**)
2. Submit a personal letter addressed to the Foundation giving any additional information that will help us evaluate your qualifications. This letter should include information on leadership ability, vocational plans, ambitions, interests, hobbies, family, etc.
3. Submit two letters of recommendation from teachers that can speak to your character and academic success.
4. Submit your high school transcript.
5. Submit an essay with a minimum of 400 words on the following topic:

Immigration and the Border Wall

**PLEASE COMPLETE THE APPLICATION
ELECTRONICALLY AND SAVE, THEN PRINT AND
FORWARD YOUR COMPLETE PACKET TO:**

**Lower Hudson Valley Diamond Foundation
c/o Andre G. Early
PO Box 1193
White Plains, NY 10602
Director1911@gmail.com**

YOUR APPLICATION MUST BE RECEIVED BY FRIDAY, MARCH 22, 2019.

ALL APPLICATIONS RECEIVED BY THE FOUNDATION WILL BE ACKNOWLEDGED BY E-MAIL CORRESPONDENCE. THEREFORE, IT IS IMPORTANT TO INCLUDE YOUR E-MAIL ADDRESS AS REQUESTED IN THE APPLICATION.

The Foundation will review all applications and select a group of semifinalists to be interviewed. Each semifinalist will be notified of the date, place and time for their interview.

2019 SCHOLARSHIP APPLICATION

ATTACHED IS THE APPLICATION FOR THE 2019 LOWER HUDSON VALLEY DIAMOND FOUNDATION SCHOLARSHIP. **THE APPLICATION MUST BE COMPLETED IN FULL AND RECEIVED BY FRIDAY, MARCH 22, 2019 TO BE CONSIDERED.**

ACHIEVEMENT AND THE PURSUIT OF EXCELLENCE ARE IMPORTANT IDEALS IN AND IN KEEPING WITH THOSE IDEALS, WE WISH TO CONSIDER CANDIDATES WHO:

- ❖ **ARE OF AFRICAN-AMERICAN/AFRICAN/CARIBBEAN OR LATINO/HISPANIC DESCENT**
- ❖ **HAVE DEMONSTRATED HIGH ACADEMIC ACHIEVEMENTS**
- ❖ **HAVE DISPLAYED ATTRIBUTES WHICH SUGGEST SUCCESS AS A COLLEGE STUDENT AND A SUCCESSFUL LIFE.**

Awardees will be selected by April 27, 2019. Awardees must attend the Foundation's Scholarship Breakfast that will be scheduled for Saturday, May 18, 2019.

LOWER HUDSON VALLEY DIAMOND FOUNDATION

2019 SCHOLARSHIP APPLICATION

PRINT OR TYPE

APPLICANT NAME _____ AGE _____
(Last) (First) (Middle)

ADDRESS _____
(City) (State) (Zip Code)

TELEPHONE (H) _____ TELEPHONE (C) _____

EMAIL ADDRESS _____
When entering your email address please print it so that it can be accurately read

HIGH SCHOOL _____ GRADUATION DATE _____

NAME OF PARENT(S)/GUARDIAN(S) _____

ADDRESS _____ TELEPHONE _____

CITY _____ STATE _____ ZIP CODE _____

GRADE POINT AVERAGE _____ CLASS RANK _____

EMAIL ADDRESS (PARENT/GUARDIAN) _____

EXTRA CURRICULAR ACTIVITIES _____

WHAT IS YOUR EDUCATIONAL OBJECTIVE? _____

WHAT SCHOOL(S) ARE YOU CONSIDERING? _____

WHICH HAVE YOU APPLIED FOR ADMISSION? _____

HAVE YOU BEEN ACCEPTED FOR ADMISSION TO YOUR SCHOOL OF CHOICE? YES NO

WHAT FIELD OF STUDY DO YOU PLAN TO PURSUE? _____

WHAT HAVE YOU SAVED TOWARD YOUR COLLEGE EXPENSES? \$ _____

WHAT IS THE TOTAL COST YOU ANTICIPATE FOR YOUR FIRST YEAR? \$ _____

HOW MUCH OUTSIDE FINANCIAL AID DO YOU EXPECT TO RECEIVE? \$ _____

OCCUPATION OF PARENT(S)/GUARDIAN(S) _____

NAMES AND AGES OF BROTHER(S) AND/OR SISTER(S) LIVING AT HOME _____

NAME(S) OF FAMILY MEMBERS WHO ARE IN COLLEGE CURRENTLY AND WILL BE CONCURRENT WITH YOUR ATTENDANCE:

WHAT SCHOOL(S) ARE THEY CURRENTLY ATTENDING? _____

REFERENCES

LIST THE TEACHERS/GUIDANCE COUNSELORS WHO WILL BE WRITING LETTERS OF RECOMMENDATIONS TO SUPPORT YOUR APPLICATION. NOTE: THEIR LETTERS MAY BE SUBMITTED WITH YOUR APPLICATION OR SENT DIRECTLY TO THE FOUNDATION’S SCHOLARSHIP COMMITTEE. HOWEVER, UNDERSTAND, SUBMISSION DEADLINES APPLY EQUALLY TO THEIR LETTERS. YOU ARE RESPONSIBLE FOR CONTACTING AND ADVISING YOUR REFERENCES.

1.	_____	_____	_____
	Name	Email Address	Office Phone ###

2.	_____	_____	_____
	Name	Email Address	Office Phone ###

PLEASE ATTACH YOUR PHOTO

SCHOOL (OR SUITABLE)

PHOTO HERE
