



GARY ALUMNI CHAPTER OF
KAPPA ALPHA PSI FRATERNITY, INC.
PERSONAL PROFILE

(Must be typed)

DATE _____

NAME _____
Last First Middle

ADDRESS _____
Number & Street (Apt. #) City, State Zip Code

HOME PHONE _____ CELL: _____ E-Mail _____

PARENT(S)/GUARDIAN(S) _____

EDUCATIONAL RECORD

HIGH SCHOOL _____ GRADUATION YEAR _____

COLLEGE YOU PLAN TO ATTEND: _____

OR ARE ATTENDING: _____

ADDRESS OF COLLEGE _____

DATE(S) OF ENROLLMENT _____

DEGREE TO BE PURSUED/RECEIVED _____
(i.e., B.A., B.S., and major/area of study)

HOW DID YOU HEAR ABOUT THIS SCHOLARSHIP OPPORTUNITY? _____
