

Foundation Scholarship Guidelines (2025)

Eligibility of Applicants for the Kappa Psi Foundation Scholarships

1. The awards are limited to Pharmacy students in accredited Colleges or Schools of Pharmacy, who have earned a minimum cumulative grade point average (GPA) of 3.0 on a 4.0 scale.
2. Students who are pursuing a Doctorate of Pharmacy degree should have either one (1) or two (2) professional academic years remaining to complete the degree at the time of application (e.g. application 2025—anticipated graduation either 2026 or 2027)
3. Applicants must be a member in good standing of the Kappa Psi Pharmaceutical Fraternity, Inc.
4. Must have been initiated as an active brother for at least twelve (12) calendar months at the time of application
5. Applicants who have received the Kappa Psi Foundation Scholarship twice are not eligible.

Supporting Documents for the Kappa Psi Foundation Scholarships

Applicants who meet the eligibility requirements for the Kappa Psi Foundation Scholarships will be considered for awards based on their application. The student will fill out the official application form and provide the following supporting documents:

- 1) Student Narratives: Submitted narratives should be written consistent with Fraternity standards according to the Constitution and Ritual and in a manner that may be reviewed by a non-brother. The following is the suggested Word formatting: Font—Calibri (Body), Point—11, Line Spacing 1.15. It is NOT necessary to write to the maximum word count.
 - a. Professional involvement in Kappa Psi: On one sheet (no more than 650 word count), please describe your professional and leadership activities with the Fraternity. Please emphasize the way in which you have implemented lasting improvements for your chapter, your province and/or the Fraternity-at-Large.
 - b. Career goals and interest in the profession of pharmacy: On one sheet (no more than 550 word count), describe your interest in pharmacy and what you anticipate for professional goals (e.g. community practice, industry, clinical specialty, academia). Please describe the experiences in your life that have led you to these career goals, how you are currently pursuing those goals as a pharmacy school student and the impact you plan to make once you are in your chosen role.
 - c. Other activities: On one sheet (no more than 500 word count), please describe the following:

- i. Other fraternal and intra-fraternal service activities and offices held
 - ii. Campus and community service activities and offices held
 - iii. Honors, scholarships, awards, and honor society
- 2) Current copy of Curriculum Vitae
- 3) Academic achievement (transcripts) from an accredited College/School of Pharmacy, with a minimum cumulative GPA of 3.0 on a 4.0 scale. If the institute's GPA scale is different from 4.0, please provide a description of the equivalent to the above requirement. For schools that utilize a Pass/Fail system, the student should have a College/School Administrator (e.g. Associate Dean or Dean of Students) submit a letter attesting to the student's performance is equivalent to 3.0 or better. This letter is in addition to the official transcript. The letter should be submitted by the author to the same e-mail as the Letters of Recommendation (see below). For schools that do not provide election transcripts, the mailing address is: Jenny Donaldson, 3617 Branch Way, Indianapolis, IN, 46268.
- 4) Two letters of recommendation: One (1) from the **Grand Council Deputy** of the chapter and one (1) additional letter from someone directly knowledgeable of the applicant's academic performance or professional work to address that the applicant has demonstrated excellent probabilities for success in Pharmacy. This may be a Dean, Associate Dean, professor, or work related supervisor. ***For privacy reasons, letters of recommendation have a separate submission address—see instructions below.***

Instructions for submission:

Student applicant submission instructions (except letters of recommendation):

1. The following items should be collected and attached to ONE SINGLE EMAIL:
 - a. Scanned copy of official application with original signatures from applicant and Dean (or supervising official).
 - b. Student Narrative, as described above
 - c. Current copy of Curriculum Vitae
 - d. Academic achievement (official transcripts) records
2. **Email all documents in a *single email* to scholarship@kappapsifdn.org**
 - a. Use the same email for submission of documents, email noted on application, and for communications from the Foundation
3. **Deadline for submission is May 15, 2025.** All submissions received after May 15, 2025 will not be considered eligible.

Letter of Recommendation (LOR) submission instructions:

1. Letters of recommendation should be submitted in document form and attached to an email sent to LOR@kappapsifdn.org with the **applicant's name in the subject line** of the message.
2. **Deadline for submission is May 15, 2025.** All letters received after May 15, 2025 will not be considered eligible.

Questions regarding the application process should be directed to Dr. Donaldson via e-mail (drjennyd@comcast.net)

Application (2025):

Please read instructions carefully before completing the application. Complete all sections either electronically on the form or may use a photocopy of the application. Original signatures must be provided in the Certification section. The official application, supporting documents, and letters of recommendation must be post marked/submitted no later than May 15, 2025.

Name (Last, First MI): _____

Chapter of initiation: _____ Month/Year: _____

Academic Status Fall of 2025: _____

(Please indicate your current professional year compared to the college curriculum at the start of fall semester 2025. Example: P3 or P4 in a 4 year professional course, P2 or P3 in a 3 year accelerated professional course, P5 or P6 in a 0-6 year college of pharmacy program)

Anticipated **date of graduation** for Pharm D degree (for application year 2025, must be anticipating graduation in the time frame of spring 2026 – spring 2027)

Month _____ Year _____

Email (same email used for submission of materials and will be used for Foundation communications): _____

Phone: _____

Current Address (<i>Note: this address will be used for any scholarship funds awarded, unless Foundation is notified otherwise</i>)	Alternate or permanent address (where you may be reached during the summer months if different than current address)

Certification:

I certify that, to the best of my knowledge, all of the information contained in this application is true. I attest I am in good standing with my chapter with regard to conduct and dues.

Applicant Signature _____

Signature Date _____

Dean Signature* _____

Signature Date _____

*or other supervisory official at the applicant's institution.

MATERIALS RECEIVED AFTER May 15, 2025 WILL
RENDER THE APPLICATION NULL AND VOID