



**UPSILON NU SCHOLARSHIP AND SOCIAL ACTION FOUNDATION**

P.O. Box 75421  
Richmond, VA 23236

David Stone, Chairman

Kavansa B. Smith Memorial Scholarship Committee

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**KAVANSA B. SMITH MEMORIAL SCHOLARSHIP PROGRAM UPSILON NU  
SCHOLARSHIP and SOCIAL ACTION FOUNDATION, INC.  
APPLICATION for SCHOLARSHIP AWARD**

The Kavansa B. Smith Memorial Scholarship Committee is offering an opportunity for African-American males to apply for a scholarship in honor of Brother Kavansa B. Smith, a former teacher, and mentor with Richmond City Public Schools.

**INSTRUCTIONS:**

The student must complete Sections I and II of this application which includes his parent's/legal guardian's signature. Section III must be completed by his school counselor. The student must provide the counselor with two references as well. The counselor should mail the application, references, an official copy of the student's academic record that includes the first semester grades and all other required information/attachments to the address listed at the bottom of the application.

**I. STUDENT'S INFORMATION:**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City & Zip Code \_\_\_\_\_

Email address \_\_\_\_\_

High School \_\_\_\_\_

Scholastic Awards, Recognitions/Honors Received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Extra-curricular activities in which you participated (include offices held/recognitions):

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Community activities/services (include offices held/recognitions):

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Special interests/hobbies:

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On a separate sheet, attach an essay of no less than 200 and no more than 300 words detailing your plans for the future, any circumstances that may affect your pursuit of a higher education, and your reasons for applying for this particular scholarship. Name and location of College/University you plan to attend. If you are applying to more than one, list in order of first, second choice, etc. If you have been accepted, please indicate that also.

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Have you applied to a Historically Black College or University (HBCU)? If yes, please list below.

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Amount of anticipated tuition and fees for the 2020/2021 school year \_\_\_\_\_.

Amount of financial aid needed to attend for the year listed above \_\_\_\_\_.

Have you applied for federal, state, or college based financial aid? Yes \_\_\_ No \_\_\_ If no, please explain: Are you eligible for such funding? Yes \_\_\_ No \_\_\_ If no, please explain: \_\_\_\_\_

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**CERTIFICATION**

Please attach documentation (FASA Student Aid Report) showing your eligibility or non-eligibility. If you are not eligible, please explain.

**II. FAMILY INFORMATION** (NOTE: If student is in foster care or under the care of a guardian, please provide the appropriate information)

Mother's name: \_\_\_\_\_

Mother's occupation: \_\_\_\_\_

Mother's annual income: \_\_\_\_\_

Father's name: \_\_\_\_\_

Father's occupation: \_\_\_\_\_

Father's annual income: \_\_\_\_\_

Total household income: \_\_\_\_\_

Number of other children in household: \_\_\_\_\_

Ages of each child: \_\_\_\_\_

Number of children currently presently attending a college or university: \_\_\_\_\_

Amount of family's contribution to the college or university: \_\_\_\_\_

**CERTIFICATION**

We acknowledge that the information contained herein is true and correct to the best of our knowledge. We understand that the discovery of any inaccuracy or false information may result in the committee's refusal to consider this application.

Student's signature: \_\_\_\_\_

Student's printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/ Guardian's signature: \_\_\_\_\_

Parent's/Guardian's printed name: \_\_\_\_\_

**III. COUNSELOR'S INFORMATION**

(NOTE: Please attach a copy of the student's transcript and two references prior to mailing.)

Student's GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_

Student's SAT/ACT scores Verbal: \_\_\_\_\_ Math: \_\_\_\_\_

Please provide any other pertinent Scholastic or tests information not included on the student's official transcript.

I certify that the information contained herein is true and correct to the best of my knowledge. I understand that the discovery of any inaccuracy or false information may result in the committee's refusal to consider this application.

Counselor's signature \_\_\_\_\_

Counselor's printed name \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this application and supporting documentation to the address below no later than April 26, 2021.**

**UPSILON NU SCHOLARSHIP and SOCIAL ACTION FOUNDATION, INC.  
ATTENTION: SCHOLARSHIP COMMITTEE  
PO BOX 27955  
RICHMOND, VA 23261**