# Dr. Charles V. Holland Memorial Scholarship

Dr. Charles V. Holland was a graduate of North Carolina Central University and a life long member of Kappa Alpha Psi Fraternity, Inc. Dr Holland finished his post-graduate work at The Ohio State University and began his chosen profession as an Optometrist. For over 30 years he served the Raleigh community as an entrepreneur (Holland & Holland Eye Care Center), community leader, and fraternity brother. He was a devoted family man who is loved and missed by those that he has left behind.

The Dr. Charles V. Holland Memorial Scholarship is available to any Senior High School Student that plans to attend any Historically Black College or University (HBCU) in North Carolina or any student that may be currently enrolled at a HBCU in North Carolina.

1. Must be enrolled or planning to enroll in a full time degreed program at an HBCU in the state of NC.
2. Must demonstrate a financial need.
3. Must possess strong academic skills (2.5 and above on a 4.0 scale) and excellent leadership qualities.

The Kappa Charitable Trust Fund Inc. will administer the Holland scholarship and decide when the scholarship will be given. Members of Raleigh Alumni and The Kappa Charitable Trust Fund Inc. will select the recipient. The Kappa Charitable Trust will be responsible for sending the scholarship funds directly to the college for credit to the recipients account.

# Applicant‘s Responsibilities

* Application should be accompanied by:

1. **Official Transcript**-(High school/college/university transcript with most recent academic grades.
2. **Acceptance/Enrollment Verification**-(Letter of acceptance from an HBCU institution. If already enrolled must submit proof of enrollment.)
3. **One – two page Essay**-(Tell us about yourself and why you should be selected for Holland Scholarship)
4. **3 Letters of Reference**-(Letters can come from teacher, minister, employer, etc.) Letter should describe your character, attributes and reasons you should be selected for the Holland Scholarship.
5. **Mail you application to Kappa Charitable Trust Fund, Inc**. P.O. Box 26371,Raleigh, 27611 by June 1, 2014

### **Please fill out information below:**

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Last) (First) (Middle initial)*

**Permanent Mail Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*(State) (Zip code) (County) (Telephone number)*

**High School:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**College Major/Career Goals:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_\_\_\_\_\_\_\_\_) (*Date)*

**Parent or Guardian’s Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_\_\_\_\_\_\_\_\_)

*(Date)*