

**Omega Psi Phi Fraternity, Inc.**  
**Beta Omega Chapter**  
**Scholarship Committee**

*Founders: Frank Coleman, Oscar J. Cooper, Ernest E. Just, Edgar A. Love  
(deceased)*

**P.O. Box 46129 Kansas City, MO 64134**

**APPLICATION FOR SCHOLARSHIP AWARD**

***Application deadline is May 31, 2019***



1. Read all instructions and questions before you start.
2. Please **TYPE** all responses. **Part IV requires you to attach separate sheets of paper for your response.**
3. After you complete the application, make sure you have answered **all** questions.
4. Provide an **official high school transcript, 2" x 2" passport photo and two letters of recommendation.** Be sure to sign your completed application. **PLEASE TYPE ALL YOUR ANSWERS IN THIS FILLABLE FORM!**

# APPLICATION FOR SCHOLARSHIP

Omega Psi Phi Fraternity, Inc.

Beta Omega Chapter

**PLEASE TYPE ALL RESPONSES**

***Application deadline is May 31, 2019***

## **PART I. ELIGIBILITY:**

This one-time scholarship award is for a graduating high school senior who has established plans to matriculate at an institution of higher learning. The applicant must have a grade point average of 2.5 or above on a 4.0 scale, and has demonstrated significant community service above school requirements.

## **PART II. PERSONAL INFORMATION:**

Applicant's Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant's Cell Phone #: \_\_\_\_\_ Other: \_\_\_\_\_

Applicant's E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Is he living? \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Is she living? \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_

# of Brothers: \_\_\_\_ Ages: \_\_\_\_\_; # of Sisters: \_\_\_\_ Ages \_\_\_\_\_

Number of Brothers and Sisters currently attending college: \_\_\_\_\_

**PART III. ACADEMIC INFORMATION:**

Name of High School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Cumulative Grade Point Average: \_\_\_\_\_ (Based on a 4.0 scale)

***Please provide an official copy of your high school transcript mailed to Omega Psi Phi Fraternity, Inc., ATTN: Scholarship Committee Chairman, P.O. Box 46129, Kansas City, MO 64134.***

List in chronological order **all** colleges you have applied to or are currently attending.

Institution/Location

Date of Acceptance

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***Please provide a copy of at least one acceptance letter.***

**PART IV. BIOGRAPHICAL INFORMATION:** (Please attach a separate sheet of paper for **all** your responses in Part IV.)

1. What is your proposed major, profession or field of study you wish to pursue?
2. Describe in detail jobs or positions of responsibility that you have held. If you have had experience in community service, indicate contributions you have made. Include dates and leadership positions held.
3. Please submit two (2) letters of recommendation. Letters must be sent separately from the application and mailed to **Omega Psi Phi Fraternity, Inc., Beta Omega Chapter, ATTN: Scholarship Committee Chairman, P.O. Box 46129, Kansas City, MO 64134.** The letters of recommendation must be received by May 31, 2019. **(Parents and relatives may not be used.)**
4. Describe and comment on hobbies, recreational activities and other uses of your free time. Name significant positions you have held in high school,

church or within your community. Include any honors or awards you have received.

5. In **200-250 words**, state your purpose for applying at this time for this Scholarship. Indicate how you perceive funds from the Fraternity can assist you in achieving your career goals. In the process, please provide details on your background, motivation, and specific personal, family or other circumstances, which make it important for you to receive financial assistance.

**PART V. CERTIFICATION:**

I, \_\_\_\_\_, thoroughly understand withholding information requested on this form or knowingly giving false information will make me ineligible for assistance from the Beta Omega Chapter of the Omega Psi Phi Fraternity, Inc. I certify that the statements I have made on this application and supplemental pages are correct and complete to the best of my knowledge. In addition, I grant the Beta Omega Chapter permission to publish my name, picture, and amount of award and personal background information in conjunction with media coverage and annual reports filed.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_