

# ΩΨΦ

Omega Psi Phi Fraternity, Inc.  
Sigma Phi Chapter

## 2018 Omega Excellence Scholarship Application



### THE BIRTH OF OMEGA

On Friday evening, November 17, 1911, three Howard University undergraduate students, with the assistance of their faculty advisor, gave birth to the Omega Psi Phi Fraternity, Incorporated. This event occurred in the office of Biology Professor Ernest E. Just, the Faculty Adviser, in the Science Hall (now known as Thirkield Hall). The three Liberal Arts students were Frank Coleman, Oscar J. Cooper, and Edgar A. Love. From the initials of the Greek phrase meaning “Friendship Is Essential To The Soul,” the name Omega Psi Phi was derived. The phrase was selected as the motto. Manhood, Scholarship, Perseverance, and Uplift were adopted as Cardinal Principles. A decision was made regarding the design for the Pin and Emblem, and thus ended the first meeting of the Omega Psi Phi Fraternity, Inc.

*“Friendship is Essential to the Soul”*

*MANHOOD*

*SCHOLARSHIP*

*PERSERVERANCE*

*UPLIFT*

## **AWARD**

The Omega Psi Phi Fraternity Inc., Sigma Phi Chapter, will award four (4) \$500.00 Scholarships to deserving young men who are high school seniors planning to attend an accredited college or university. Each scholarship will be a one-time non-renewable award.

### Requirements

- must have a cumulative 2.5 GPA
- must provide proof of enrollment into the college or university

## **EVALUATION CRITERIA**

Applicants will be evaluated based on the following criteria:

- Complete Application Package **postmarked by February 23, 2018.**
- Proof of acceptance to an accredited college or university

If selected as a finalist, you may be required to interview with the Sigma Phi Chapter scholarship committee.

## **APPLICATION PACKAGE**

To ensure that your application packet is complete, provide all of the applicable information below:

- Complete application (Application **MUST** be typed!)
- Current official high school transcript (May be mailed separately and/or directly by the school.); must include ACT/SAT scores
- Personal Statement
- Two (2) letters of recommendation
- Your Telephone number & e-mail address

Mail your complete application packet by the deadline of **February 23, 2018** to the address below:

**Omega Psi Phi Fraternity, Inc.  
Sigma Phi Chapter C/O  
Bobby J. Pierson  
1131 Oak Street  
Montevallo, Al  
35115**

If you have questions, please contact Bobby J. Pierson at (205) 915-0787 or [qomega4@charter.net](mailto:qomega4@charter.net)

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**MANHOOD**

**SCHOLARSHIP**

**PERSERVERANCE**

**UPLIFT**



**OMEGA PSI PHI FRATERNITY, INC.**  
**Sigma Phi CHAPTER**

**2015 OMEGA EXCELLENCE SCHOLARSHIP APPLICATION**

COMPLETED APPLICATION MUST BE POSTMARKED BY February 23, 2018

**APPLICANT GENERAL INFORMATION**

NAME

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

PERMANENT ADDRESS

Street Address: \_\_\_\_\_ Ph# \_\_\_\_\_

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

**FAMILY INFORMATION**

Applicant's Place of Birth: (City, State, and Country) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Father's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Mother's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

**ACADEMIC STATUS AND HIGH SCHOOL INFORMATION**

High School Attended: \_\_\_\_\_

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

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

High School Counselor's name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Major or intended major: \_\_\_\_\_

Organization Memberships (Honor Societies, Clubs, Organizations, etc...):

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

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## **PERSONAL STATEMENT**

In 300-500 words, please explain your relevant career goals, extracurricular activities, Awards, and/or honors you have received and reason(s) why you should be the Omega Excellence Scholarship award recipient.

*(Please attach your personal statement on a separate sheet.)*

## **RECOMMENDATIONS**

Please submit two (2) letters of recommendation from teachers, employers, guidance counselors, academic advisors, and/or pastors. *(May be mailed separately or directly by the recommenders.)*

Complete the following information for each of your recommendations:

<b>Name:</b>	<b>Name:</b>
<b>Organization:</b>	<b>Organization:</b>
<b>Telephone Number:</b>	<b>Telephone Number:</b>

## **CERTIFICATION AND AUTHORIZATION**

All of the information provided on this form is true and complete to the best of my knowledge. I certify that I am a senior in high school applying for full-time enrollment and/or have been accepted to an accredited college or university for the 2016-2017 academic year.

I hereby authorize the **Sigma Phi Chapter**, of Omega Psi Phi Fraternity, Inc. to utilize and verify information regarding my application and my likeness for publicity and public relations purposes.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## **AUTHORIZATION FOR RELEASE OF RECORDS**

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, permission is hereby given to school officials to release the secondary school records and other requested information for consideration in the OMEGA EXCELLENCE Scholarship Program.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Required if applicant is under 18 years of age.)*

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