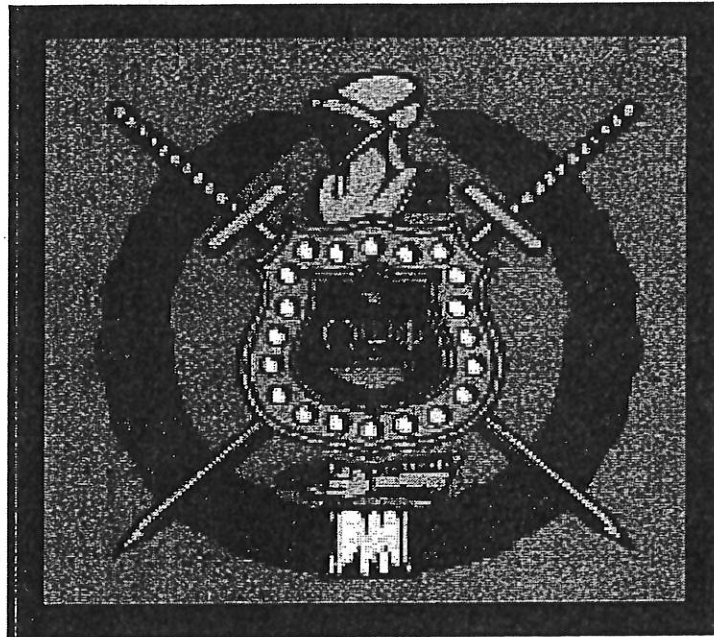


**OMICRON TAU CHAPTER OF  
OMEGA PSI PHI FRATERNITY, INC.**

**SCHOLARSHIP APPLICATION  
2021**



**BASILEUS:  
DURONE GLYMPH**

**VICE BASILEUS:  
RODERICK JOHNSON**

**SCHOLARSHIP COMMITTEE**  
**RODERICK JOHNSON, CHAIRMAN**  
**DR. JAMES ROBERTS**  
**SHELTON PETERS**  
**DAVID GORDAN**  
**JOHNNY THORNTON**  
**RONALD CASON**  
**MARSHALL THOMAS**

**MAILING ADDRESS:**  
**OMICRON TAU CHAPTER**  
**P.O. BOX 775**  
**FORT PIERCE, FLORIDA 34954**

# SCHOLARSHIP APPLICATION

## Description and Requirements

1. Applicants must have a 2.5 GPA or higher and demonstrate a financial need for the scholarship.
2. Awards will range from five hundred dollars up to one thousand dollars, (\$500 up to \$1000). Decisions on awards will be determined by the bylaws of OT 1911 Inc., our 501(c)(3) entity and the scholarship committee listed above.
3. The announcement of Scholarship winners will be made at our Annual Scholarship Banquet. Please adhere to the deadline date set in **bold** print on this page and the on **page three** of the application.
4. **Each applicant must provide the following before being considered:**
  - (a) Complete the Omicron Tau Chapter scholarship application. Use additional sheets of paper if needed.
  - (b) Copy of official high school transcript and college enrollment letter.
  - (c) Three letters of recommendation from representatives of school, church, or community.
  - (d) Documentation of active involvement in community service and/or extracurricular activities, such as social clubs, civic groups, sports, or vocational activities not necessarily directly related to school functions.
  - (e) Write a one (1)-page essay on: **"What Do You View as the Critical Skills Needed to be Successful in College and Beyond?"**
  - (f) Essay must be typed in double spaced.
  - (g) Copy of Financial student aid report.
  - (h) Include passport size photo attached to the application.

**ALL APPLICATIONS MUST BE RECEIVED  
BY APRIL 30, 2021.**

STUDENT'S NAME:

\_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

ZIP: \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_

MOTHER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_

FATHER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_

NAME OF HIGH SCHOOL:

\_\_\_\_\_

NAME OF YOUR ADVISOR: \_\_\_\_\_

CURRENT GPA: \_\_\_\_\_ CUMULATIVE GPA \_\_\_\_\_

SPECIAL LEADERSHIP ACTIVITIES:

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**SPECIAL ACADEMIC ACHIEVEMENTS/INTERESTS:**

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**INDICATE FINIANICAL NEED TO BE CONSIDERED IN EVALUATING YOUR APPLICATION:**

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**INDICATE ANY SPECIAL CIRCUMSTANCES TO BE CONSIDERED IN EVALUATING YOUR APPLICATION:**

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**LONG RANGE CAREER GOALS (PLEASE BE SPECIFIC):**

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**ALL APPLICATIONS MUST BE RECEIVED BY  
APRIL 30, 2021.**

TOTAL NUMBER OF COMMUNITY SERVICE HOURS PERFORMED. (Minimum of 100 hours required). \_\_\_\_\_ (Please provide documents proof of community service hours).

NAME OF ORGANIZATION(S) AND TYPE OF COMMUNITY SERVICE (S) RENDERED:


I authorize the Omicron Tau Chapter of, Omega Psi Phi Fraternity to verify the academic information provided in this application for the purpose of determining scholarship eligibility.

I agree that, in accepting the Omega Psi Phi Fraternity, Inc. Scholarship, I will abide by the restrictions set forth. I agree to allow information pertaining to grades and enrollment be released to Omicron Tau Chapter of Omega Psi Phi Fraternity, Inc.

\_\_\_\_\_ date    /    /  
Applicant's Signature

\_\_\_\_\_ date    /    /  
Advisor's Signature:

**ALL APPLICATIONS MUST BE RECEIVED OR POSTMARK BY  
APRIL 30, 2021.**