**8th Annual Scholarship Gala**

**On Behalf of**

**Omega Psi Phi Fraternity, Inc.**

**Tau Tau Chapter**

**Application Available: June 26, 2019**

**Application Deadline: September 30, 2019**

**Application Processing: October 1, 2019**

**Award Notification: October 11, 2019**

**Enrollment Verification: Fall 2020**

**Award Disbursement: Fall 2020**

**Essay Theme: Your Tomorrow Starts Today!**

**Scholarship Description**

In 2013, the Omega Educational Foundation Scholarship Award was established by the Omega Educational Foundation to recognize high achieving students that displayed leadership qualities and scholastic excellence. The scholarship was designed to assist **African-American Males in the Greater Los Angeles Area that are High School Seniors** who plan on furthering their education during the **2019-2020 academic year.**

**Scholarships:**  Up to **$25,000** in scholarships will be awarded to graduating high school seniors**.** Open to the general public in the Greater Los Angeles Area.

**Eligibility Requirements:**

* African-American Males.
* Must be a U.S. Citizen, legal permanent resident or eligible non-U.S. Citizen (must show proof).
* Must have a permanent address and attended a high school in the Greater Los Angeles Area.
* Have a minimum cumulative grade point average of 3.0.
* Must be enrolled as a High School Senior in the fall of the 2019-2020 academic year.
* Must have two letters of recommendation from a teacher, guidance counselors, principal or community leader.
* Must submit a one-page essay – double space, no less than 12pt font not to exceed 500 words. Essay Theme: *“Your Tomorrow Starts Today!* In your essay describe “who you are” and how the theme will assist you with navigating the rigors of college, in a positively manner.
* Must provide the student’s official transcripts from freshman to junior year in high school. Transcripts signed by Counselor/Administrator.
* Must be at least 16 years of age or older as of October 21, 2019.
* Must provide Proof of Enrollment full-time from the Registrar’s office of the scholarship recipient’s prospective college, university, or technical institution for 2020-2021 academic year.
* As explicitly set forth in this application, all terms and eligibility conditions must be adhered to. All rights are reserved by the scholarship committee to resolve applicable matters.
* Must provide a recent Passport photograph or school identification photograph.

**Omega Educational Foundation Scholarship Application**

**Instructions:**

Please print clearly the following information. Turn in completed application, with all applicable signatures, to the Scholarship Committee.

1. If this form is incomplete, inaccurate, or not signed, it will not be considered. Please complete one application for each scholarship.
2. Please submit a new application each semester or as required by scholarship criteria.
3. College/Foundation may require an attached written statement describing educational goals and other relevant information.
4. (See specific scholarship criteria).
5. All students who receive a scholarship will be required to provide an e-mail address for future communications.

**Personal Information:**

Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academic Information**:

College:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester for which application is being made (Term and Year):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Attended:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Intended Major:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization Information:**

I release to the Omega Educational Foundation the right to access all my current and ongoing personal and academic records and transcripts. If awarded a scholarship, I understand that I must meet the scholarship criteria and Standards of Academic Progress for the Omega Educational Foundation.

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

(Initial)

I understand my name and information from my academic history may be released to the scholarship selection committee(s) and the scholarship donor(s). If awarded a scholarship, I release to the Omega Educational Foundation, the right to arrange a meeting with the donor(s) and use my name, story, and picture for printed and video materials, reports, and press releases, without compensation, as well as I will attend ceremonies and receptions. I also recognize the advisability of communicating a letter of thanks to the donor of the scholarship.

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

(Initial)

**I give the Omega Psi Phi Fraternity, Inc. permission to photograph, videotape or record my child and to use the photographs, videotape, film or recording in its print and electronic publications, video broadcasts, radio broadcasts or any other presentation of the images. I agree that the photographs and videotapes, including negatives, slides, and prints or any other presentation of the images, are the property of the Omega Psi Phi Fraternity, Inc. I waive any right I may have to inspect and/or approve the finished product in which the images may be used. By signing this form, I intend to release and discharge the Omega Psi Phi Fraternity, Inc. from any and all claims that I may have and agree to hold harmless and defend the Omega Psi Phi Fraternity, Inc. from liability arising from claims or litigation arising from its use of my child’s image, voice, or performance.**

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

(Initial)

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee(s) and scholarship donor(s).

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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