



Clarence F. Holmes Omega Psi Phi Fraternity Memorial Scholarship Foundation

SCHOLARSHIP APPLICATION

Scholarship Eligibility Requirements

- Graduating High School Senior
- Minimum GPA of 3.0 on a 4.0 Scale
- Has a need for Financial Assistance
- Shows potential to successfully handle college/university responsibilities

Submission Instructions

Completed application package must be submitted to ***scholarship@HolmesOmega.org*** no later than March 31st.

To The Applicant and Parent or Guardian:

All documents submitted as a part of this application for the Clarence F. Holmes Omega Psi Phi Fraternity Memorial Scholarship Foundation become the property of the non-profit Foundation. The Foundation will retain indefinitely all documents submitted by the applicant who is selected to receive the scholarship. Documents submitted by all other applicants will be destroyed after a time period to be determined by the Foundation. All documents submitted by applicants are considered confidential and will be used by the Foundation only for purposes of selecting a scholarship recipient.

CERTIFICATION BY THE APPLICANT AND PARENT OR GUARDIAN

We certify that all information contained herein is complete and accurate to the best of our knowledge and belief. We further certify that we have read and understand all requirements of the Holmes/Omega Scholarship Program and that we hold Chi Phi Chapter, Omega Psi Phi Fraternity, Inc, and the Clarence F. Holmes Omega Psi Phi Fraternity Memorial Scholarship Foundation free from all claims that might arise as a result of this application.

_____	_____
Name of Applicant (Print or Type)	Name of Parent/Guardian (Print or Type)
_____	_____
Signature of Applicant	Signature of Parent/Guardian
_____	_____
Date Applicant Signed (MM/DD/YY)	Date Parent/Guardian Signed (MM/DD/YY)
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Part I (To be completed by Student Applicant)

I hereby apply for scholarship assistance from the Holmes Omega Scholarship Foundation. Pertinent information about me includes the following:

Name: _____ Age: _____

High School Name: _____ Graduation Date: _____

Student’s Signature: _____

Part II (To be completed by Student's Parent/Guardian)

Name: _____

Address: _____

Total number of persons residing in your household: _____

Total Family Income for prior Tax Year: \$ _____

To the best of my knowledge, my child is not related to any member of the Holmes Omega Scholarship Foundation. I also certify that all information in this application for assistance is true and correct.

Parent/Guardian Signature: _____

Attachments Required: Current copy of High School Transcript and 3 letters of recommendation from: (Counselors, Instructors, Community Leaders, etc.)

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Full Name (Last, Middle, First): _____

Home Address: _____

City, State, Zip: _____

Phone Number: _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Father's Name (Last, Middle, First): _____

Father's Occupation: _____

Mother's Name (Last, Middle, First): _____

Mother's Occupation: _____

Phone Number (Home & Work): _____

High School from which you will receive your Diploma: _____

Expected Date of Graduation: _____

Cumulative H.S. GPA: _____ On Scale of: _____ (e.g., 4.0; 5.0)

Standing In Class: _____ Out Of: _____

List Major Areas of High School Study:

List scholastic Honors and Awards Received in High School:

List Service Awards Received:

List Student Organizations, Clubs, and/or Societies (including offices held) of which you are a member:

List Sports in which you participated, dates participated, and any letter awards received:

List Community Activities (Church, Clubs, etc.) in which you participate and offices held:

Were you employed while in High School? Yes ☐ No ☐

If yes, please list your 3 principal employers and your salary.

Are you required to work to help support yourself? Yes ☐ No ☐

Your Family? Yes ☐ No ☐

Have you or will you apply for financial aid to help pay your college expenses?

Yes ☐ No ☐

Do you expect to work while in college to help pay your college expenses?

Yes ☐ No ☐

Have you applied for other Scholarships?

Yes ☐ No ☐

If Yes, provide names:

Have you been granted other Scholarships?

Yes ☐ No ☐

If Yes, Provide names and amount:

List colleges/universities to which you have been accepted:

(Please note: You must provide copy of your college acceptance letter before receiving scholarship monies)

Which college/university do you plan to attend? _____

What will be your major area of study? _____

In the space below, please write a 500-word typewritten essay about yourself. Write briefly about your high school years, your plans and expectations of college, and your post-college plans and goals. If needed, attach an additional page.