

Due to Counseling
Office April 8th
*** Omega Psi Phi Frat.

DELTA OMEGA CHAPTER SCHOLARSHIP

"Friendship is essential to the soul"

APPLICATION

General Information

Please type or print

Social Security # _____

Date of Birth _____

Name of Applicant _____
Last First Initial

Address of Applicant _____
City State Zip

Telephone: Home () _____ School () _____

U. S. Citizen Yes ___ No ___

Academic Information

Name of High School _____

Anticipated date of high school graduation _____ GPA ___ Class rank ___

Please choose one: ___ SAT ___ ACT Combined/Composite Score _____

Anticipated institution of Attendance _____

Anticipated Major in College _____

High School Recommendation From _____
Name Title

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ESSAY

In 250 words or less, typewritten, please explain how Delta Omega's Scholarship will make a difference in your ability to be academically successful. (You may continue on back.)