



Omega Psi Phi Fraternity, Inc.
Upsilon Alpha Chapter

Post Office Box 1424
Pleasantville, New Jersey 08232



2018 Scholarship Application

Criteria:

1. Applicant **MUST** complete all information and respond by the deadline.
2. Applicant **MUST** attach the following:
 - a. Computer generated statement as to why he/she applied to Upsilon Alpha Chapter of Omega Psi Phi Fraternity, Inc. for a scholarship.
 - b. Two/Three-Page computer generated essay devoted to a current topic.
 - c. Up-To-Date high school transcript.
 - d. Letter of recommendation from one of his/her high school teachers.
3. Applicant **MUST** be enrolled in, and attending, an institution of higher learning on a full-time basis in the fall after his/her year of graduation in order to receive the scholarship.
4. Applicant **MUST** return this application as soon as possible, but not later than April 15.

**Upsilon Alpha Chapter
Omega Psi Phi Fraternity, Inc.
P. O. Box 1424
Pleasantville, NJ 08232**

Scholarship Application (\$1,000.00) - Year 2018

Name of Applicant _____

Address _____

City _____ State _____ ZIP _____

Phone Number () _____ DOB _____ Age _____ Sex _____ Place of Birth _____

Name of Parent(s)/Guardian(s) _____

Address _____ City _____ State _____ ZIP _____

Mother's Occupation _____ Father's Occupation _____

Total Income of Parents _____

Names of Brothers/Sisters	Age	School or Occupation	At Home (Yes/No)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

High School _____ Class Rank _____ Class Size _____

College/University you will attend _____

Field of study you will pursue _____

List High School Honors/Award _____

Community Honors/Awards _____

Fraternity Founded 1911 *Chapter Chartered 1939*

Work Experience (Summer and/or School)

(1) Job Title _____

Employer _____

(2) Job Title _____

Employer _____

(3) Job Title _____

Employer _____

Community Service _____

List other scholarships for which you have applied

If you are the recipient of an award from Upsilon Alpha Chapter of Omega Psi Phi Fraternity, Inc., do we have your permission to publish your name as a scholarship recipient?

____ YES

____ NO

Signature of Parent _____ Date _____

Signature of Applicant _____ Date _____

Return this application as soon as possible, but not later than April 15 to:

**Mr. Norman G. King, Jr.
1138 Jefferson Place
Atlantic City, NJ 08401**

Fraternity Founded 1911

Chapter Chartered 1939