



OMEGA PSI PHI FRATERNITY, INC.
RHO XI CHAPTER
PO BOX 2043
Freeport, Texas 77542

SCHOLARSHIP APPLICATION

PART 1

PERSONAL

Name: _____ Age: _____ Date of Birth: _____

Address: _____ US Citizen? Yes No

City/State: _____ Zip Code: _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

HIGH SCHOOL

School: _____ GPA: _____

Address: _____

City/State: _____ Zip Code: _____

Guidance Counselor: _____ Curriculum: _____

FAMILY

Mother's Name: _____

Father's Name: _____

Name of Guardian: _____



OMEGA PSI PHI FRATERNITY, INC.
RHO XI CHAPTER
PO BOX 2043
Freeport, Texas 77542

PART 2

LETTERS OF RECOMMENDATION

Students must give the two enclosed letters of recommendation forms to a teacher or other community resident. Please list the name of persons whom you are requesting recommendations from.

1. _____ 2. _____

PART 3

HIGH SCHOOL TRANSCRIPT

Students must attach a copy of their high school transcript with this application. Please include grades for your most recent term.

COLLEGE ACCEPTANCE LETTER

Students must attach a copy of the acceptance letter from the college that they will be attending in September.



OMEGA PSI PHI FRATERNITY, INC.
RHO XI CHAPTER
PO BOX 2043
Freeport, Texas 77542

PART 4

STUDENT ESSAY

Write a **200-word essay**, which includes the following:

1. Your biggest motivation for attending college.
2. The most influential person in your life and why.
3. Discuss your involvement in the community.



OMEGA PSI PHI FRATERNITY, INC.
RHO XI CHAPTER
PO BOX 2043
Freeport, Texas 77542

**LETTER OF RECOMMENDATION
FOR
SCHOLARSHIP APPLICATION**

DATE: _____

Applicant Name: _____
(Last) (First) (Middle Initial)

Email Address: _____

Career Objective: _____

(The Rho Xi Chapter, Omega Psi Phi Fraternity, Inc. is sponsoring its annual scholarship drive to select recipients for this year's award. Please describe the applicant, including special factors, which may help the Awards Committee make its selection of a recipient in financial need.)

Name: _____ Title: _____
Address: _____
Email: _____ Phone: _____
Signature: _____



**OMEGA PSI PHI FRATERNITY, INC.
RHO XI CHAPTER
PO BOX 2043
Freeport, Texas 77542**

LETTER OF RECOMMENDATION FOR SCHOLARSHIP APPLICATION

DATE:

Applicant Name: _____

Email Address:

Career Objective:

(The Rho Xi Chapter, Omega Psi Phi Fraternity, Inc. is sponsoring its annual scholarship drive to select recipients for this year's award. Please describe the applicant, including special factors, which may help the Awards Committee make its selection of a recipient in financial need.)

Name: _____ Title: _____
Address: _____
Email: _____ Phone: _____
Signature: _____