



IS THERE ANYONE IN YOUR FAMILY A MEMBER OF OMEGA PSI PHI FRATERNITY, INC.?

(circle one) **YES /NO**

IF YOU ANSWERED "YES," PLEASE LIST THEIR NAME AND THEIR CHAPTER.

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LIST ANY JOBS YOU HAVE HELD WHILE IN HIGH SCHOOL: \_\_\_\_\_

COLLEGE YOU ARE PLANNING TO ATTEND:

1. \_\_\_\_\_

2. \_\_\_\_\_

PROPOSED COLLEGE MAJOR: \_\_\_\_\_

CAREER OBJECTIVES/GOALS:

1. \_\_\_\_\_

2. \_\_\_\_\_

REFERENCES (1): (of those who wrote letters of recommendation)

1. \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

MOTHER/GUARDIAN INFORMATION:

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS: \_\_\_\_\_  
(Street) (City/State/Zip Code)

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

FATHER/GUARDIAN INFORMATION:

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS: \_\_\_\_\_  
(Street) (City/State/Zip Code)

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

FINANCIAL STATEMENT

MOTHER/GUARDIAN OCCUPATION: \_\_\_\_\_

FATHER/GUARDIAN OCCUPATION: \_\_\_\_\_

SIBLINGS CLAIMED AS DEPENDENTS ON PARENTS/GUARDIANS INCOME TAXES:

| NAME OF SIBLING(S) | GRADE IN SCHOOL OR<br>YEAR IN COLLEGE |
|--------------------|---------------------------------------|
| 1. _____           | _____                                 |
| 2. _____           | _____                                 |
| 3. _____           | _____                                 |
| 4. _____           | _____                                 |
| 5. _____           | _____                                 |

LIST ANY OTHER SCHOLARSHIPS OR GRANTS FOR WHICH YOU HAVE APPLIED:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

ESSAY INSTRUCTIONS:

Please submit a typed 700 to 750 word essay (typed on 8 1/2 x 11 paper, 1" margins, 12 Times New Roman or Arial Font, single spaced). See Essay question below.  
(Submit and attach essay separately):

Attachment: Essay Question

Essay Question:

As a S.T.E.A.M. degree candidate, how would you use your particular field of study to cultivate, and enhance the lives of young people in your community that follow in your footsteps?

I certify that all information provided is true and correct.

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Print Name

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Applicant Signature

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Date