

Zeta Mu Nu Chapter of Omega Psi Phi Fraternity, Inc. Southern Crescent Ques Friendship Foundation High School Senior Scholarship Application



Scholarship Criteria and Directions

- Applicants must be permanent residents of Clayton or Henry County Georgia and as a High School Graduating Senior at the time of their application.
- 2. Submit all application materials within 5 days of the first submitted item. DUE: LAST DAY OF FEB, 11:59 PM
- 3. Download and complete the application. Email COMPLETED application to SCQFFSCHOLARSHIP@gmail.com.
- 4. Upload ALL REQUIRED documents DOCUMENT UPLOADS REQUIRE GMAIL ACCOUNT
 - a. Upload **PDF TRANSCRIPT** to https://bit.ly/SCQFFTRANSCRIPTV2 Share link with registrar for completion. b. Upload (2) Letters of Recommendation to https://bit.ly/SCQFFLORV2 (LOR-Teacher, LOR-Community Member)
 - b. Upload a PDF of your 4-year COLLEGE ACCEPTANCE LETTER to https://bit.ly/SQFFCOLLEGEACCEPTV2
- 5. INCOMPLETE and or LATE APPLICATIONS will not be considered. TYPED APPLICATIONS ONLY.

Personal Information

First Name:			Initial:	
Home Address:				
City:		State:	Zip Code:	
Country:		Are you a U.S.	S. Citizen?: Yes No	
Phone Number:		Cell Number:		
E-Mail Address:				
Date of Birth:		Gende.	er: Male Female	
Name of Parents/Gu	ardians:			
Mother:		Phone Number:		
Father:			Phone Number:	
Guardian (note relationship):		Phone Number:		
	Acade	mic Informatio	<u>on</u>	
School presently atte	ending:		Graduation Year:	
Address of School:				
Current GPA:	Have you been accep	ted into a college	e or university?: Yes No	
If so, where? (please	include acceptance letter	сору):		
What is your anticip	oated major? 			

Additional Applicant Information

List any significa extracurricular ac	chievements:				
enior years. (Inc	1 1 1 1		7 1 1		
	lude attachment if	aaaiiionai space	e needed.)		
	lude attachment if	aaaiiionai space	e needed.)		
	lude attachment if	ааашопаі ѕрасе	e needed.)		
	lude attachment if	aaaiiionai space	e needed.)		
<u> </u>	lude attachment if	aaauronai space	e needed.)		
<u> </u>	lude attachment if	aaauronai space	e needed.)		
	lude attachment if	aaaiiionai space	e needed.)		
	lude attachment if	aaauronai space	e needed.)		
	tude attachment if	aaaiiionai space	e needed.)		
	lude attachment if	aaaiiionai space	e needed.)		
	lude attachment if	aaauronai space	e needed.)		
	lude attachment if	aaaiiionai space	e needed.)		
	lude attachment if	aaaiiionai space	e needed.)		
	lude attachment if	aaaiiionai space	e needed.)		
	lude attachment if	aaaiiionai space	e needed.)		
	lude attachment if	aaaiiionai space	e needed.)		

ESSAY (300 Min - 500 Max)

What are the ongoing obstacles for racial equality in the 21st century?

(Include attachment if additional space needed.)

	1
1	

FOR THE STUDENT:

I understand withholding information requested on this form or knowingly giving false information will make me ineligible for assistance from the Zeta Mu Nu Chapter of Omega Psi Phi Fraternity, Inc. I certify the statements I have made on this application are correct and complete to the best of my knowledge. I also grant the Omega Psi Phi Fraternity, Inc. permission to publish my name, picture, amount of award and personal biographical information in conjunction with annual reports filed.

By completing this form, I authorize the Zeta Mu Nu Chapter of Omega Psi Phi Fraternity, Inc. to use my information for the purpose of counseling and advising me with methods and strategies to monitor my progression, assist me with obtaining scholarships and financial aid, and to complete my education. I hold Zeta Mu Nu Chapter of Omega Psi Phi Fraternity, Inc. harmless and free of liability.

Student's signature: _____ Date: _____

ever have any questions about this agreemen Fraternity, Inc. mentors and partner organiz	t. I agree to hold Zeta Mu Nu Chapter of Omega Psi Phi ations harmless and free of liability.
	ne Zeta Mu Nu Chapter of Omega Psi Phi Fraternity, if I
assist him/her with his/her education. I am a	accepting the assistance that you are giving to him/her
As a parent/guardian of	I understand my responsibilities to
FOR THE PARENT/GUARDIAN:	