



**Zeta Mu Nu Chapter of Omega Psi Phi Fraternity, Inc.**  
**Southern Crescent Ques Friendship Foundation**  
**Charles Henry Business Scholarship Application**



**Scholarship Criteria and Directions**

1. Applicants must be permanent residents of Clayton or Henry County Georgia and as a High School Graduating Senior at the time of their application. **Applicants must be planning to pursue a major in Business Administration**
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](mailto: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)
  - c. 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:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Initial:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Are you a U.S. Citizen?:** Yes      No

**Phone Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:** Male      Female

**Name of Parents/Guardians:**

**Mother:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Father:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Guardian (note relationship):** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Academic Information**

**School presently attending:** \_\_\_\_\_ **Graduation Year:** \_\_\_\_\_

**Address of School:** \_\_\_\_\_

**Current GPA:** \_\_\_\_\_ **Have you been accepted into a college or university?:** Yes      No

**If so, where? (please include acceptance letter copy):** \_\_\_\_\_

**What is your anticipated major?** \_\_\_\_\_

## **Additional Applicant Information**

**List any significant awards or honors you have received during high school for academic or extracurricular achievements:**

**Describe any civic/community activities in which you are/have been involved with during your junior and senior years. (Include attachment if additional space needed.)**

**ESSAY (300 Min - 500 Max)**

**Why is it critical for the youth to participate in the voting process in a democracy?**

*(Include attachment if additional space needed.)*

**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:** \_\_\_\_\_

**FOR THE PARENT/GUARDIAN:**

**As a parent/guardian of \_\_\_\_\_ I understand my responsibilities to assist him/her with his/her education. I am accepting the assistance that you are giving to him/her and I will contact someone associated with the Zeta Mu Nu Chapter of Omega Psi Phi Fraternity, if I ever have any questions about this agreement. I agree to hold Zeta Mu Nu Chapter of Omega Psi Phi Fraternity, Inc. mentors and partner organizations harmless and free of liability.**

**Parent/Guardian signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_