



OMEGA PSI PHI FRATERNITY

Scholarship Application Form

Academic Year: _____

Name: _____

Last First Middle

Permanent Address: _____

Street or PO Box City State Zip

Social Security #: _____ Date of Birth: _____ Sex: M / F

Home Phone #: _____ Other Phone #: _____

Name of College/University in which you plan to enroll or are currently enrolled: _____

College City/State Dates attended GPA

Have you been accepted? **Yes / No**

What is your intended field of study? _____

Name of high school attending/attended: _____

School City/State Dates attended GPA

High school counselor: _____ HS Phone No: _____

SAT: Math _____ Verbal _____ Combined: _____

ACT: English _____ Math _____ Reading _____ Sci. Reasoning _____ Composite _____

Extracurricular Activities: _____

Leadership Positions Held: _____

Work/Volunteer Experience: _____

What influenced your field of study?

