



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?

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