



Theta Alpha Chapter of Omega Psi Phi Fraternity, Inc.
in conjunction with Theta Alpha Foundation
2413 Martin Luther King Jr. Blvd., Dallas, TX 75215

SCHOLARSHIP GUIDELINES

SCHOLARSHIP AWARD:

The recipient receives up to \$1000 during their first year of college upon proof of enrollment at an accredited two (2) or four (4) year college or university, or vocational school.

ELIGIBILITY:

Only high school seniors in the Dallas Metroplex area, meeting the following qualifications are eligible for the scholarship award:

- Planning to attend college in the Fall of 2019
- Must be a United States of America citizen
- Must have at least a 2.5 cumulative GPA on a 4.0 scale
- Application and required documents are received by May 11, 2019 (postmarked)

APPLICATION PACKAGE:

(You may check the boxes below as you prepare your package to ensure all the required items are submitted.)

- Official application form (completed)
- High school transcript (**MUST include the school's seal.**)
- Copy of SAT/ACT results
- Two character recommendation letters from school, community, and/or church
- Two-page, typed (12-point font), double-spaced essay on the following:
After college graduation, what do you see yourself doing in five (5) years?

Note: Scholarship recipient must be enrolled in an accredited 2/year or 4-year college/university, or vocational school, of their choice by the fall term of the 2019-2020 school year. Continuous enrollment is required after receiving the scholarship award. Failure to comply with the above criteria will result in the scholarship award being voided.

APPLICATION DEADLINE:

The completed application packet must be received by **May 11, 2019** (postmarked), unless otherwise extended. Applications postmarked after the deadline and/or incomplete packages will be disqualified.

WHERE TO MAIL APPLICATION:

Send email of all requested documents to thetaalphascholarships@yahoo.com

or

Theta Alpha Scholarship Committee
2413 MARTIN LUTHER KING JR. BLVD
DALLAS, TX 75215

Deadline **May 11, 2019** (postmarked)
Application is void after **May 11, 2019**.

**THETA ALPHA CHAPTER OF OMEGA PSI PHI FRATERNITY, INC.
AND THETA ALPHA FOUNDATION
SCHOLARSHIP APPLICATION**

STUDENT INFORMATION

Name: _____

Street Address: _____

City/State/ Zip: _____

Home Phone No.: _____ Other Contact No. _____

Email address: _____

Age: _____ Grade: _____ US Citizen? ____ Yes ____ No

EDUCATION INFORMATION

High School: _____

Address: _____

Counselor: _____ Telephone No.: _____

Cumulative GPA: _____ ACT Score: _____ SAT Score: _____

Have you passed all sections of the State of Texas Assessments of Academic Readiness (STAAR) test? ____ YES ____ NO

COMMUNITY SERVICE AND EMPLOYMENT HISTORY

Community Service and/or Extra-Curricular Activities (Include organizations, dates, and positions held. Attach additional sheet, if necessary):

Employment History (Include dates and positions held.):

FAMILY INFORMATION

Parent/Guardian Name: _____

Relationship: _____ Phone No.: _____

Parent/Guardian Name: _____

Relationship: _____ Phone No.: _____

COLLEGE AND UNIVERSITY INFORMATION

Please indicate the college, university, or vocational school you plan to attend for the 2019 – 2020 School Year. (Identify below the institutions for which you have applied or have been accepted):

Choice #1: _____

Choice #2: _____

Choice #3: _____

Choice #4: _____

Proposed Major: _____

Proposed Minor: _____

I affirm that the information submitted in support of this application is true and correct. I fully understand that it is my responsibility to notify the Theta Alpha Chapter of Omega Psi Phi Fraternity, Inc. of any changes that may affect my eligibility for this scholarship award. If I receive an award from the Theta Alpha Chapter of Omega Psi Phi Fraternity, Inc., I understand that I am responsible for providing proof of my enrollment to the Theta Alpha Chapter Keeper of Records and Seal on or before September 21, 2019 of my freshman year of college. Both, the Theta Alpha Chapter of Omega Psi Phi Fraternity, Inc. and Theta Alpha Foundation, have my permission to publicize that I am a Theta Alpha Scholarship recipient.

Applicant Signature

Date

Parent Signature

Date

Completed application, including all requested documents, must be returned, and postmarked, on or before **May 11, 2019** to:

Theta Alpha Scholarship Committee
2413 MARTIN LUTHER KING JR. BLVD
DALLAS, TX 75215

Send email of all requested documents to thetaalphascholarships@yahoo.com

(This application is void after **May 11, 2019.**)

