**OMEGA PSI PHI FRATERNITY, INC.**

**2020 DR. DENORRIS D. CROSBY JUNIOR SCHOLAR OF THE YEAR**

**FIRST DISTRICT JUNIOR SCHOLAR APPLICATION**

**(TAU IOTA CHAPTER)**

1. ***PERSONAL AND FAMILY DATA***

NAME:

ADDRESS: CITY/TOWN: ZIP CODE:

HIGH SCHOOL: GPA: GRADUATION DATE:

PARENT(S) / GUARDIAN(S):

PARENT(S) / GUARDIAN(S) OCCUPATION:

NAMES OF BROTHERS AND SISTERS, THEIR AGES AND CURRENT EDUCATIONAL OR OCCUPATIONAL STATUS:

WHICH OF THE ABOVE ARE DEPENDENTS OF PARENTS?

REFERENCES:

PROVIDE NAMES, ADDRESSES AND DAYTIME PHONE NUMBERS OF TWO PERSONS, NOT RELATIVES, WHO MIGHT ASSIST US IN OUR EVALUATION:

1. ***COLLEGE DATA***

COLLEGE MAJOR / CONCENTRATION:

PLEASE LIST THE COLLEGES THAT YOU HAVE APPLIED TO AND THE STATUS OF YOUR APPLICATION:

1. ***STUDENT PROFILE***

PLEASE LIST ALL ACADEMIC AWARDS, CO-CURRICULAR ACTIVITIES, VARSITY

ATHLETICS, WORK OR VOLUNTEER EXPERIENCE AND PERSONAL HOBBIES AND

INTERESTS FOR CONSIDERATION BY THE SCHOLARSHIPCOMMITTEE:

(ATTACH A SEPARATE SHEET OF PAPER IF NECESSARY)

WHAT EXTRA-CURRICULAR ACTIVITIES DO YOU PLAN TO PARTICIPATE IN COLLEGE?

AWARDS OR PRIZES FOR HIGH SCHOOL ACADEMIC OR COMMUNITY ACHIEVEMENT:

IN 200-250 WORDS, PLEASE TELL US ABOUT YOUR CAREER GOALS AND HOW YOUR CAREER GOALS CAN BENEFIT YOUR COMMUNITY:

IN 75-100 WORDS, PLEASE PROVIDE DETAILS ON YOUR PERSONAL, FAMILY OR OTHER CIRCUMSTANCES, WHICH MAKE IT IMPORTANT FOR YOU TO RECEIVE FINANCIAL ASSISTANCE:

**Eligibility for the “Dr. DeNorris D. Crosby First District Junior Scholar of the Year:**

All candidates must be currently enrolled at a regionally accepted high school as a graduating senior

All candidates must be representing a chapter of the First District of the Omega Psi Phi Fraternity

All candidates must be attending a regionally accredited 4 year college or university, as a full-time student during the fall after receiving the scholarship

\*Submission of your official high school transcript is required.

Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Parent or guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

(If applicant is under 18)

Basileus / Scholarship Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**APPLICATIONS MUST BE RECEIVED / POSTMARDKED BY**

**(APRIL 1ST, 2020 & EMAIL TO SGALLOWAYS@AOL.COM)**