

**Omega Psi Phi Fraternity, Inc.
Mu Xi Chapter**

C. D. Henry Memorial Scholarship

SCHOLARSHIP APPLICATION FORM

Name: _____
Last First M.I. Date of Birth

Home Address: _____

City State Zip Code (____) Telephone No.

High School(s) Attended:

School	Address	Year(s) Attended

Accumulative High School Average: _____ SAT or ACT Score _____

Please indicate any recognition, honors and scholastic awards you have received:

List all positions of leadership and offices held:

What community, school, and/or church organizations are you affiliated with?

List hobbies and special talents you have:

College you plan to attend: _____
Name Location

Have you applied to a college? _____ What do you plan to major in? _____

Do you feel that you are in need of financial aid? _____ If yes, please state why.

Parents Occupation: _____
Father or Guardian Place of Employment

Mother or Guardian Place of Employment

Estimated family income: () Under \$10,000 () \$10,000 to \$15,000

() \$15,000 to \$35,000 () \$35,000 and above

Number of brothers? _____ sisters? _____ Number in family living at home? _____

How many brothers and sisters are presently attending college? _____

List three (3) adult references-**no relatives** (include area code and telephone numbers).

Is there any additional information that might assist the committee in considering your application?

On a separate sheet of paper please write a short essay of your goals in life and why a college education is important to you. Please type or print legibly.