



**SCHOLARSHIP APPLICATION  
INSTRUCTIONS AND GUIDELINES**

**STUDENT'S ELIGIBILITY FOR SCHOLARSHIP**

- A male high school senior, who will graduate with his class in spring 2018, and resides in Cobb County and North Fulton area.
- Student who will enter a college or university within one (1) year of completion of high school.
- Student does not need to be accepted to a college or university at the time of application. However, payments made to a recipient is contingent upon proof of acceptance and/or enrollment to an accredited institution.

**APPLICATIONS WILL BE CONSIDERED ON THE BASIS OF THE FOLLOWING:**

Grades	Essay
SAT/ACT Scores	Written recommendations
Honors and awards	Personal Interview
Extracurricular/Service Activities (i.e., clubs, sports, service projects in school and community, etc.)	

**Note:** The scholarship(s) recipients will be notified by **March 31, 2018**. Awards will be paid directly to the student upon proof of the student's enrollment. The student must remain in good standing with his college or university to receive the remaining funds beyond his freshman year.



**DOCUMENTS REQUIRED BY FEBRUARY 10, 2018**

- Completed scholarship application form.
- Academic performance report signed by a school official.
- At least one (1) letter of recommendation.
- Completion of a 350-500 word essay on your choice of:

**“Examine the relevancy of a college or university education in the today’s time?”**

**Or**

**“What do you perceive the value of a college education to be in today’s society?”**

Students must also appear before the Scholarship Committee for a personal 10-20 minute interview. Interviews are tentatively scheduled to be conducted on either **March 3<sup>rd</sup>** or **10<sup>th</sup>, 2018**. Candidates will be notified of the specific time and location.

Complete application package should be sent to:

Scholarship Committee  
Chi Gamma Gamma Chapter  
Omega Psi Phi Fraternity, Inc.  
P.O. Box 71507  
Marietta, Georgia 30007-1507

Questions may be directed to:

Desmond Smalls  
Email: [chigammagammakrs@oppf.org](mailto:chigammagammakrs@oppf.org)  
Phone: 770-575-0518



**INSTRUCTIONS:** The student must provide the information requested by this form. You may attach additional **pages** if necessary. **Application must be received by February 10, 2018.**

Name of Candidate: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Social Sec. Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ High School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Extracurricular Activities (organizations, athletics, clubs, plays, and other activities). Indicate years of involvement and any office held: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Honors and Awards: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Community Service or Other Activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Work Activities - Are you now employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how long have **you** worked, what type of work, and how many hours **per week** do **you** work?

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Church Membership:

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Church Activities:

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Hobbies:

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Future Plans:

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What colleges/universities have you applied to or been accepted to for admission?

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What field of study will you pursue? \_\_\_\_\_

Why do you **NEED** this Scholarship? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



NAME OF STUDENT: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Dear Counselor:

The above named student has applied for the 2<sup>nd</sup> Century Invictus Fund Scholarship. In order to assist us in making our selection, we would appreciate you providing the following academic information on this student:

I. If available, college entrance examination score, (ACT or SAT):

ACT composite score \_\_\_\_\_

SAT combined score \_\_\_\_\_

II. Student's cumulative high school grade point average excluding Spring semester of senior year:

\_\_\_\_\_

III. Is student enrolled in an honors program?

YES \_\_\_\_\_

NO \_\_\_\_\_

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To Be Completed by School Official

Print \_\_\_\_\_ Signature \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

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Student's approval to release information:

\_\_\_\_\_  
(Signature)