

**CHARLES R. DREW MEMORIAL  
 SCHOLARSHIP COMMISSION**

Founders: Frank Coleman, Oscar J. Cooper, Ernest E. Just, Edgar A. Love (Deceased)

**OMEGA PSI PHI FRATERNITY, INC.**  
 INTERNATIONAL HEADQUARTERS  
 3951 Snapfinger Parkway, Decatur, GA 30035

**APPLICATION FOR AWARD OF  
 SCHOLARSHIP OR GRANT  
 2024**



CHECK THE BOX FOR ALL SCHOLARSHIPS OR GRANTS YOU QUALIFY FOR AND WISH TO BE CONSIDERED:  
 (APPLICANT SHOULD REFER TO THE 2021 CRDMSC SCHOLARSHIP GUIDELINES FOR CRITERIA)

- |  |   |
|--|---|
| <input type="checkbox"/> International/ District Scholar of the Year   | <input type="checkbox"/> Founder's Memorial Scholarship                 |
| <input type="checkbox"/> Grand Basileus Award                          | <input type="checkbox"/> Dr. Ronald McNair Scientific Achievement Award |
| <input type="checkbox"/> Dr. Herman Dreer Scholarship/Leadership Award | <input type="checkbox"/> George E. Meares Award                         |
| <input type="checkbox"/> H. Carl Moultrie I Legal Scholar Award        | <input type="checkbox"/> Dr. W. Montague Cobb Medical Scholar Award     |
| <input type="checkbox"/> Undergraduate or Graduate Scholarship Grant   | <input type="checkbox"/> William H. Hastie Creative Research Fellowship |
| <input type="checkbox"/> Dr. Moses C. Norman Education Award           | <input type="checkbox"/> Dr. Benjamin Mays Divinity Award               |
| <input type="checkbox"/> Dennis R. Gates II, Student-Athlete Award     | <input type="checkbox"/> Burnel E. Coulon, K-12 Teacher Education Award |

Applicants' Full Name:

First	Middle	Last	Suffix
FOR DISTRICT USE ONLY		DO NOT WRITE BELOW THIS LINE	
Application Packet Received/Postmarked on: _____			
Application Packet Complete (Y or N): _____			
District Award Received: _____			
District #: _____			

## APPLICATION FOR AWARD OF SCHOLARSHIP OR GRANT

OMEGA PSI PHI FRATERNITY, INC.

**TYPED APPLICATIONS ONLY**  
 All Fields Required Unless Otherwise Noted

### PART I. PERSONAL INFORMATION

PART I. PERSONAL INFORMATION			
Profile			
Last Name:	First Name:	Middle Name:	
Date of Birth: (MM/DD/YYYY)			
Permanent Address			
Street:			
City:	State:	ZIP /Postal Code:	
School Address (Optional)			
Street:			
City:	State:	ZIP /Postal Code:	
Phone/ E-mail			
Primary: (    ) - <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Phone: (    ) - <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Primary E-Mail Address:		E-Mail Address 2:	
(for official communications)			
Employment:			
Are you currently employed? <input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A	
Occupation/Job:		Place of Employment:	
Family Information			
Marital Status: <input type="checkbox"/> Y <input type="checkbox"/> N		Number of Children:	Ages of Children:
Father's Full Name:		Is he living?	Occupation:
Mother's Full Name:		Is she living?	Occupation:
Number of Brothers:	Ages:	Number of Sisters:	Ages:
Number of brothers/sisters in college:			

### PART II. MEMBERSHIP INFORMATION (OMEGA PSI PHI FRATERNITY, INC.)

Control No.        (9-Digit #)		
Life Membership No.		
Current Chapter:	Current Chapter Location:	Current District:
Chapter Initiated Through:	Date Initiated: (MM/YYYY)	District Where Initiated:

**PART III. ACADEMIC INFORMATION:**

**Post-secondary Classification**

Freshman     
  Sophomore     
  Junior     
  Senior     
  Graduate/ Professional     
  Other

Specify Other:

**High School Info**

Name:

Location:

Year Graduated:

**Undergraduate Institutions Attended**

(List in chronological order all undergraduate institutions you have attended or are currently attending including summers).

Institution Name	Institution Location	Dates Attended	Major/ Minor	Degree (i.e. B.A., B.S.)	Date Conferred or Expected (Month/Year)	Cum. GPA (4.0 Scale)

**Graduate/ Professional Institutions Attended**

(List in chronological order all graduate institutions you have attended or are currently attending including summers).

Institution Name	Institution Location	Dates Attended	Major/ Minor	Degree (i.e. M.A., Ph.D.)	Date Conferred or Expected (Month/Year)	Cum. GPA (4.0 Scale)

**PART V. BIOGRAPHICAL INFORMATION**

1. What is your proposed occupation/profession as well as short and long term career goals? Be as specific as possible.

2. Describe any extra-curricular activities and community/campus involvement including jobs or positions of responsibility that you have held within them. If you have had experience in community service, indicate contributions you have made.

3. List and describe any leadership positions held within the fraternity and within the college/community at-large. Also list any honors or awards received and provide corresponding dates for all.

4. In 200-250 words, state your purpose for applying at this time. Indicate how funds from the fraternity can assist you in achieving your career goals. In the process, please provide details on your background, motivation, and specific personal, family or other circumstances, which make it important for you to receive financial assistance.

**PART VI. PROFESSIONAL REFERENCES**

1. All Applicants **MUST** submit three reference letters to their District Scholarship Chair.
2. Reference letters must be mailed under separate cover by author directly to District Chair **or** sent by applicant in a separate sealed envelope along with application packet.
3. Applicant will provide the name, title, mailing address and e-mail address of three individuals who will provide the professional reference letter. Reference letters must come from the following sources:
  1. An academic administrator or faculty from your current institution
  2. An active member of Omega Psi Phi Fraternity, Inc.
  3. Applicant's choice (At-large reference)

*Reference I: Academic administrator or faculty*

Name	Title	Mailing Address	E-mail address

*Reference II: Active member of Omega Psi Phi Fraternity, Inc. (or at-large for non-member applicants)*

Name	Title	Mailing Address	E-mail Address
Current Chapter	Control Number		

*Reference III: Applicant's Choice*

Name	Title	Mailing Address	E-mail Address

**PART VII. ADDITIONAL REQUIRED INFO**

- You must submit an **official transcript**(s) bearing the university seal from the institution which you currently attend.
- Applicants for the Herman Dreer Award must also submit a **500-word TYPED essay** detailing leadership and humanitarian accomplishments. Please label the essay "HERMAN DREER LEADERSHIP ESSAY"
- All scholarship applications will also be reviewed by the Omega4Life selection committee to determine if applicant meets initial qualifications for the GE Omega4Life Leadership Program. Potentially qualified brothers will be contacted to provide a resume, digital photo and interview in conjunction with the CRDMSC scholarship application. For more information, visit [www.omega4life.org](http://www.omega4life.org) or contact Brother Michael Foust, Ph.D., at [michael.foust@ge.com](mailto:michael.foust@ge.com).

**PART VII. CERTIFICATION**

I certify that the statements I have made on this application are correct and complete to the best of my knowledge. I understand that withholding information requested on this form or knowingly giving false information will make me ineligible for assistance from Omega Psi Phi Fraternity, Inc. Further I understand that failure to attend the required scholarship presentation may void my scholarship and award. Lastly, I grant the Omega Psi Phi Fraternity, Inc. and the Omega Life Membership Foundation, Inc. permission to publish my name, picture, and amount of award and personal biographical information in conjunction with this award.

NAME (Print) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: (MM/DD/YYYY)

## Checklist for Application Packet:

THIS PAGE IS FOR YOUR REFERENCE ONLY AND DOES NOT NEED TO BE SUBMITTED WITH APPLICATION PACKET

**Please note that only complete application packets received by published deadlines will be reviewed.**

- Typed application (All sections required)
- Official transcript(s) bearing the university seal in a sealed envelope (no electronic submissions)
- Three professional reference letters (letters received after the deadline will not be considered).
- Fraternity members must be in good standing and financial at the International, District and Chapter level in order to be qualified to receive an award.
- Applicants for the **Herman Dreer Award** must submit a typed 500-word essay detailing leadership and humanitarian accomplishments

### **SUBMISSION REQUIREMENT:**

Applicants must submit ALL information to their current district scholarship chair by each district's respective published date. **DO NOT MAIL TO IHQ.** DO NOT submit a copy of your membership card. Your financial status will be verified directly by IHQ records.

DO NOT Submit a photo. Only International scholarship recipients will be requested to provide a photo after award announcement in May. A color photo in digital (.jpg) format of applicant's bust (head and shoulders) in business attire will be required.

### **ADDITIONAL INFO:**

The official Charles R. Drew Memorial Scholarship Commission's scholarship guidelines, application, all published district and international deadlines and important contact info are all located on the IHQ website at



[www.oppf.org/scholarship](http://www.oppf.org/scholarship)