

**Beta Upsilon Chapter, An  
Unincorporated Association of the  
Omega Psi Phi Fraternity, Inc.**

**Waddell Craig Robinson Memorial Scholarship**



**2020  
Application for Award of Scholarship**

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

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**INSTRUCTIONS**  
**PLEASE TYPE OR PRINT**

This application must be completed and submitted with all requested and supporting information. You will include personal and academic information, a certified copy of your High School transcript(s), and three letters of recommendation. You must answer all portions. Please carefully read all instructions before completing this application. The application can be downloaded from [www.ocfo.org](http://www.ocfo.org). Sign Certification after completion of your Personal Essay. **Mail completed application, transcripts, and letters of recommendation to arrive before the deadline date to:**

**Omega Charitable Foundation of Omaha**  
**7307 Weber Street**  
**Omaha, NE 68112**

Check List:

- Part I. Personal Information
- Part II. Academic Institution Information
  - Grade Point Averages (Current Semester and Accumulative)
  - SAT or ACT Scores
  - Transcript(s)
- Part III. Biographical Information
- Part IV. Letters of Recommendation Three (3)
  - Faculty Member A
  - Faculty Member B
  - Other Individual
- Part V. Certification Signed
- Part VI. Personal Essay

**Application must be received on or postmarked by March 20, 2020**

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**PART I. PERSONAL INFORMATION:**

1. Applicants Full Name:
2. Home Address:
3. City: State: Zip Code:
4. Telephone: Home: Other:
5. Date of Birth: Place of Birth:
6. Social Security Number (For Award Purpose Only):
7. Current Place of Employment, Address, and Business Telephone:
  
8. Father's Full Name: Is He Living?
9. Father's Occupation:
10. Place of Employment, Address, and Business Telephone:
  
11. Mother's Full Name: Is She Living?
12. Mother's Occupation:
13. Place of Employment, Address, and Business Telephone:
  
14. Number of Brothers: Ages:
15. Number of Sisters: Ages:
16. Number of Brothers and/or Sisters in:  
Elementary School: Middle School:  
High School: College/University:

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**PART II. ACADEMIC INFORMATION:**

1. Name of High School:
2. Address of High School:
3. Principal's Name: Telephone:
4. Counselor's Name: Telephone:
5. Current Semester Grade Point Average (GPA):  
Based upon a 4.0 System
6. Cumulative Grade Point Average:
7. Class Standing (Rank)/ Total Size of Class (For Example 27/120):
8. Scholastic Achievement Test (SAT) Score Verbal: Math:  
American College Test (ACT) Score:
9. Graduation Date:
10. Date of High School Awards Program:
11. List Colleges and Universities to which you have applied:
  
12. List Colleges and Universities to which you have been accepted:
  
13. Proposed Major and Minor Area of Study:

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**PART III. BIOGRAPHICAL INFORMATION:**

(Please limit responses to the space provided).

What is your proposed occupation, profession, or career goal? Be as specific as possible.

Describe current or previous jobs of responsibility that you have held. If you have experience in community service, please describe any contributions you made. Include dates and any leadership positions held.

Extra Curricular Activities:

A. List any significant High School positions that you held.

B. List any Honors or Awards received.

C. Describe and comment on Hobbies, Recreational Activities, and any Other Uses of Your Time.

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**PART IV. LETTERS OF RECOMMENDATION:**

Provide Name, Address, and Telephone Number of three (3) persons who will write a Letter of Recommendation for you. Two (2) of these must be from faculty members at your school. These Letters of Recommendation must accompany application in order to be considered for this scholarship award.

Faculty Member A: Name:

Address:

Telephone Number:

Title or Position:

Faculty Member A: Name:

Address:

Telephone Number:

Title or Position:

Other Individual: Name:

Address:

Telephone Number:

Title or Position:

**PART V. CERTIFICATION:**

(Print your name in the indicated space)

I, \_\_\_\_\_ understand that withholding information requested on this form or knowingly giving false information may make me ineligible for financial assistance from the Omega Charitable Foundation of Omaha. I certify that the statements I have made on this application are correct and complete to the best of my knowledge. I also grant permission for the Omega Charitable Foundation of Omaha to publish my name, picture, and amount of award and personal biographical information in conjunction with annual reports filed by the Omega Psi Phi Fraternity, Inc. – Beta Upsilon Chapter.

(Please sign and date below):

\_\_\_\_\_ Date \_\_\_\_\_

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## **PART VI. PERSONAL ESSAY**

Please state your purpose for applying for this scholarship and how it will assist you in achieving your career goals. Include in your response, detailed background information and specific personal, family or other circumstances, which makes it important for you to receive financial assistance. Please limit your response to **750 words**.