**Edward F. White Memorial Scholarship**

Member Omega Psi Phi Fraternity, Inc. 1950 - 2019

One individual will be designated each year as an Edward F. White Scholar and be awarded a one-time scholarship of $2,500 to support undergraduate study at an accredited two-year or four-year college or university in the United States, Puerto Rico, U.S. Virgin Islands, Guam or any other U.S. territory for the entire 2024-25 academic year. (Full-time is defined as enrolling in at least 12 credit hours per semester in coursework leading to a degree.)

Applicants must be high school seniors, with a cumulative Grade Point Average of 3.0 or better on a 4.0 scale, or the equivalent. The individual will be selected based on academic performance, demonstrated leadership and participation in school and community activities, work experience, an essay, unusual personal or family circumstances, and recommendation letters from academic instructors or advisors, and others.

Scholarship disbursements will be issued in $1,250 increments as follows:

1st Semester upon receipt of proof of enrollment (letter from your school student affairs or admissions office stating that you are enrolled as a student for the upcoming semester on school letterhead with a school seal or logo and contain a signature, phone number or email address of a representative from the admissions office).

2nd Semester upon proof of enrollment (see above) AND a transcript from the 1st semester indicating a G.P.A. of 2.75 or higher.

Proof of enrollment and transcripts can be emailed to scholarships@ocfo.org or mailed to the address below:

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. Please carefully read all instructions before completing this application. You must answer all portions and sign the Certification. The application can be downloaded from http://www.ocfo.org/scholarships.html. **Mail the completed application, transcripts, and letters of recommendation to arrive before the deadline date of March 15, 2024 to:**

 **Omega Charitable Foundation of Omaha**

 **Attn: Scholarship Committee**

 **7307 Weber Street**

 **Omaha, NE 68122**

Please email questions to scholarships@ocfo.org

**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. Personal Essay

\_\_\_\_\_\_ Part VI. Certification Signed

**Application must be received on or postmarked by March 15, 2024**

**PART I. PERSONAL INFORMATION:**

|  |  |
| --- | --- |
|  Name: | Click here to enter text. |
| Address: | Click here to enter text. |
| City, State, Zip Code: | Click here to enter text. | Click here to enter text. |
| Phone – Home, Cell: | Click here to enter text. | Click here to enter text. |
| Email Address: | Click here to enter text. |
|  Date of Birth: | Click here to enter text. | Are you a U.S. Citizen? (Y/N) | Click here to enter text. |
| Current Employer: | Click here to enter text. |
| Employer Address: | Click here to enter text. |
| Employer Telephone: | Click here to enter text. |
| Father's Full Name: | Click here to enter text. | Is He Living? (Y/N)Click here to enter text. |
| Mother's Full Name: | Click here to enter text. | Is She Living? (Y/N)Click here to enter text. |
| Number of Brothers and/or Sisters in School: |
|  Elementary Click here to enter text. | Middle Click here to enter text. | High Click here to enter text. | College Click here to enter text. | Trade School Click here to enter text. |

**PART II. ACADEMIC INFORMATION:**

|  |  |
| --- | --- |
| Name of High School: | Click here to enter text. |
| Address of High School: | Click here to enter text. |
| Principal's Name: | Click here to enter text. | Telephone: | Click here to enter text. |
| Counselor's Name: | Click here to enter text. | Telephone: | Click here to enter text. |
| Current Semester Grade Point Average (GPA) Based upon a 4.0 System: | Click here to enter text. |
| Cumulative Grade Point Average Based upon a 4.0 System: | Click here to enter text. |
| Class Standing (Rank)/ Total Size of Class (For Example 27/120): | Click here to enter text. |
| Scholastic Achievement Test (SAT) Score: | Verbal Click here to enter text. | Math Click here to enter text. |
| American College Test (ACT) Score: | Click here to enter text. |
| Graduation Date: | Click here to enter text. |
| Date of High School Awards Program: | Click here to enter text. |
| List Colleges and Universities to which you have applied: | Click here to enter text. |
| List Colleges and Universities to which you have been accepted: | Click here to enter text. |
| Proposed Major and Minor Area of Study: | Click here to enter text. |

**PART III. BIOGRAPHICAL INFORMATION:**

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

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| Click here to enter text. |

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.

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| Click here to enter text. |

Extra-Curricular Activities:

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

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| Click here to enter text. |

 B. List any Honors or Awards received.

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| Click here to enter text. |

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

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| --- |
| Click here to enter text. |

**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: | Click here to enter text. |
|  Address: | Click here to enter text. |
|  Telephone Number: | Click here to enter text. |
|  Title or Position: | Click here to enter text. |

Faculty Member B:

|  |  |
| --- | --- |
| Name: | Click here to enter text. |
|  Address: | Click here to enter text. |
|  Telephone Number: | Click here to enter text. |
|  Title or Position: | Click here to enter text. |

Other Individual:

|  |  |
| --- | --- |
| Name: | Click here to enter text. |
|  Address: | Click here to enter text. |
|  Telephone Number: | Click here to enter text. |
|  Title or Position: | Click here to enter text. |

**PART V. PERSONAL ESSAY**

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

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| Click here to enter text. |

**PART VI. 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 (OCFO) to publish my name, picture, and amount of award and personal biographical information in conjunction with annual reports filed by OCFO or the Beta Upsilon Chapter an Unincorporated Association of the Omega Psi Phi Fraternity, Incorporated.

(Applicant please sign and date below):

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

(Parent/Guardian please sign and date below):

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