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

**2025**

**Waddell Craig Robinson Memorial Scholarship Application**



Applicants must be high school seniors, with a cumulative Grade Point Average (GPA) of 2.5 or better on a 4.0 scale or the equivalent. The individual will be selected based on the academic performance, demonstrated leadership, participation in school and community activities, work experience, an essay, unusual personal or family circumstances, and recommendation letters from academic instructors/advisors, and others.

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 completed application, transcripts and letters of recommendation should be emailed to [scholarships@ocfo.org](mailto:scholarships@ocfo.org) or **mailed to arrive before the MARCH 15, 2025 deadline:**

**Omega Charitable Foundation of Omaha**

**Attn: Scholarship Committee**

**7608 N. 28th Street**

**Omaha, NE 68112**

The application can be downloaded from <http://www.ocfo.org/scholarships-1.html>. 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 by March 15, 2025**

**PART I. PERSONAL INFORMATION:**

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| 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. | | | | | Place of Birth: | | | | 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?  Click here to enter text. | | |
| Father's Occupation: | | | | Click here to enter text. | | | | | | | | | |
| Father’s Employer: | | | | Click here to enter text. | | | | | | | | | |
| Employer Address: | | | | Click here to enter text. | | | | | | | | | |
| Employer Telephone: | | | | Click here to enter text. | | | | | | | | | |
| Mother's Full Name: | | | | Click here to enter text. | | | | | | | Is She Living?  Click here to enter text. | | |
| Mother's Occupation: | | | | Click here to enter text. | | | | | | | | | |
| Employer Address: | | | | Click here to enter text. | | | | | | | | | |
| Employment Telephone: | | | | Click here to enter text. | | | | | | | | | |
| Number of Brothers and/or Sisters in School: | | | | | | | Click here to enter text. | | | | | | |
| 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:**

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| 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. |

D. List the Omega Psi Phi Fraternity, Inc. programs and your participation dates. Leave blank if none.

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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 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***.

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**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 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.

Applicant (Please sign and date below):

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

Parent or Guardian (Please sign and date below):

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