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

Waddell Craig Robinson Memorial Scholarship



**2023
Application for Award of Scholarship**

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

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. Sign Certification after completion of your Personal Essay. The completed application and supporting materials can be emailed to scholarships@ocfo.org or mailed to the address below. All documents must be received before **March 15, 2023 to:**

**Omega Charitable Foundation of Omaha
Attn: Scholarship Committee
7307 Weber Street
Omaha, NE 68122**

Applications can be downloaded at <https://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. Certification Signed
- _____ Part VI. Personal Essay

Application and supporting documents must be received by March 15, 2023

PART I. PERSONAL INFORMATION:

1. Applicants Full Name:
2. Home Address:
3. City: State: Zip Code:
4. Telephone: Home: Other:
5. Date of Birth: Are you a U.S. citizen? (Y/N):
6. Current Place of Employment:
Address: City: State:
Phone #:
7. Father's Full Name: Is He Living? (Y/N):
8. Mother's Full Name: Is She Living? (Y/N):
9. Number of Brothers and/or Sisters in:
Elementary School: Middle School:
High School: College/University:

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:

PART III. BIOGRAPHICAL INFORMATION:

(Please limit responses to the space provided).

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

2. 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.

3. 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.

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:

(Applicant 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, amount of award and personal biographical information. This information may also be used in annual reports filed by the Omega Psi Phi Fraternity, Inc. – Beta Upsilon Chapter.

(Applicant sign and date below):

_____ Date _____

(Parent/Guardian print, sign and date your name in the space below)

_____ Date _____

PART VI. 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**.