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

**Waddell Craig Robinson Memorial Scholarship**



**2025  
Application for Award of Scholarship**

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

**INSTRUCTIONS**

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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](mailto:scholarships@ocfo.org) or mailed to the address below. All documents must be received before **March 15, 2025 to:**

**Omega Charitable Foundation of Omaha  
Attn: Scholarship Committee  
7608 N. 28<sup>th</sup> Street  
Omaha, NE 68112**

Applications can be downloaded at <https://www.ocfo.org/scholarships-1.html>  
Please email questions to [scholarships@ocfo.org](mailto: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, 2025**

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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: 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:

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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 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 \_\_\_\_\_

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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. 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**.