EMMETT D. WILLIAMS, SR. MEMORIAL SCHOLARSHIP

"Economic Empowerment Leading to Social and Political Change"

2023 APPLICATION FOR SCHOLARSHIP AWARD

OMEGA PSI PHI FRATERNITY, INC



Founders: Frank Coleman, Oscar J. Cooper, Edgar A. Love, and Dr. Ernest E. Just

OMICRON IOTA IOTA CHAPTER P.O. BOX 3222 FORT LEAVENWORTH, KS 66027

Email: wwilli3525@gmail.com

- 1. Read all instructions and questions before you start.
- 2. Please TYPE or PRINT all answers neatly.
- 3. Feel free to use additional paper (typed or printed) to answer questions.
- 4. After you complete this application, check to make sure you have answered all questions.
- 5. Be sure to sign your completed application.
- 6. Applications and Letters of recommendation must be either postmarked or electronically received no later than midnight April 14, 2023.

Application deadline is midnight April 14, 2023.

PART II.	ACADEMIC INFORMATION:	
High School_		
Cumulative H	igh School Grade Point Average (on a 4.0	scale)
List any Hono	ors and Advance Placement Courses you h	nave completed:
COUR	SE NAME	
achievements	organizations you belong to that require no s. (e.g. National Honor Society, National Be re Business Leaders of America-Phi Beta	eta Club, Junior State of America,
COLLEGE(s)	: List, in alphabetical order, the colleges to	which you have applied.
Institution	Location	Date of acceptance
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PART III. BIOGRAPHICAL INFORMATION

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esp ond	ist school-sanctioned clubs, extra-curricular activities, jobs or positions of consibility you have held that support your academic or professional goals. Include ors or awards received. (Your response may be continued on a separate sheet of er.)
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nd	dicate significant contributions you have made in community service. Include date leadership positions held. (Your response may be continued on a separate sheet er.)
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4. List the names and phone numbers of two (2) persons who will submit letters of recommendation on your behalf. One letter of recommendation *must be* from the School Principal, Teacher, or Guidance Counselor. The remaining letter of recommendation *should be* from someone within the community at large (such as a community or religious leader, or family friend) who can provide another perspective as to academic performance and significant contributions you have made in community service. Parents are not eligible to provide letters of recommendation. NOTE: Letters should be mailed separately from this application. Letters of recommendation should be mailed to: Omicron lota lota Scholarship Committee, P.O. Box 3222, Fort Leavenworth, KS 66027 or emailed to wwwilli3525@gmail.com. Letters of recommendation must be either postmarked or electronically received no later than midnight April 14, 2023.

NAME	PHONE NUMBER

- 5. In 250 words or less, tell us how important these funds are in helping you achieve your academic or career goals. Provide us any details on your background, motivation, and specific personal family or other circumstances, which make it important for you to receive financial assistance. (Note -- This section of the application provides the scholarship committee the best insight into your ability of self-expression and will be thoroughly reviewed. At a minimum, you should articulate your future aspirations and goals (scholastic, self-improvement, etc); express the degree to which this financial award will contribute in your pursuit of a college education; and use this opportunity for you to make us know you. Please include your response on a separate sheet of paper.)
- **6.** Write a 500-word essay describing how you plan to use your education to positively impact society. (*Note -- This section of the application also provides the scholarship committee the best insight into your ability of self-expression and will be thoroughly reviewed. Please include your response on a separate sheet of paper.)*

PARTIV.	CERTIFICATION	
CERTIFICAT	ION: NAME (Print)	

I understand that withholding the information requested on this form or knowingly giving false information may make me ineligible for assistance from the Omega Psi Phi Fraternity, Inc., Omicron lota lota Chapter. I certify that the statements I have made on this application are

correct and complete to the best of my knowledge. Also, I grant Omega Psi Phi Fraternity, Inc., Omicron lota lota Chapter, permission to publish my name, picture, amount of award and personal background information in conjunction with media coverage and administrative reports.

Applicant's Signature	Date	
Guidance Counselor Signature	Date	
Julianice Journselor Digitature		

^{*}Both signatures are required for submission. Parent or legal Guardian may also sign in place of Guidance Counselor.