

Zeta Mu Nu Chapter of Omega Psi Phi Fraternity, Inc. Southern Crescent Ques Friendship Foundation



Bro. Kennis Harrell Memorial Book Voucher Scholarship
Application

Scholarship Criteria and Directions

- 1. Applicants must be a matriculating college student at Clayton State University.
- 2. Submit all application materials within 5 days of the first submitted item. DUE: LAST DAY OF FEB, 11:59 PM
- 3. Download and complete the application. Email **COMPLETED** application to **SCQFFSCHOLARSHIP@gmail.com**.
- 4. Upload ALL REQUIRED documents DOCUMENT UPLOADS REQUIRE GMAIL ACCOUNT
 - a. Upload A CURRENT COLLEGE or H.S. PDF TRANSCRIPT to https://bit.ly/SCQFFTRANSCRIPTV2
 - b. Upload **(1) Letter of Recommendation** to https://bit.ly/SCQFFLORV2 (LOR-Teacher or LOR-Community Member)
- 5. INCOMPLETE and or LATE APPLICATIONS will not be considered. TYPED APPLICATIONS ONLY.

Personal Information

First Name:	Last Name:		Initial:	
Home Address:				
City:			e:	
Country:	Are you a U.S. (Citizen?: Yes	No	
Phone Number:	Cell Number:			
E-Mail Address:				
Date of Birth:			Female	
Name of Parents/Guardians:				
Mother:		Phone Number:		
Father:				
Guardian (<i>note relationship</i>):				
	Academic Information	1		
	Academic information	<u>.</u>		
School presently attending:		G	Fraduation Year:	
Address of School:				
	Have you been accepted into a college or university?: Yes No			
If so, where? (please include accepta	nce letter copy):			
What is your anticipated major?				

Additional Applicant Information

List any significant awards or honors you have received during high school for academic or extracurricular achievements:				
Describe any civic/c	ommunity activities in which you are/have been involved with during your junior and senion hment if additional space needed.)			
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ESSAY (300 Min - 500 Max)

Why is it critical for the youth to participate in the voting process in a democracy?

(Include attachment if additional space needed.)

FOR THE STUDENT:

I understand withholding information requested on this form or knowingly giving false information will make me ineligible for assistance from the Zeta Mu Nu Chapter of Omega Psi Phi Fraternity, Inc. I certify the statements I have made on this application are correct and complete to the best of my knowledge. I also grant the Omega Psi Phi Fraternity, Inc. permission to publish my name, picture, amount of award and personal biographical information in conjunction with annual reports filed.

By completing this form, I authorize the Zeta Mu Nu Chapter of Omega Psi Phi Fraternity, Inc. to use my information for the purpose of counseling and advising me with methods and strategies to monitor my progression, assist me with obtaining scholarships and financial aid, and to complete my education. I hold Zeta Mu Nu Chapter of Omega Psi Phi Fraternity, Inc. harmless and free of liability.

Student's signature:	Date:
FOR THE PARENT/GUARDIAN:	
As a parent/guardian of	I understand my responsibilities to
assist him/her with his/her education. I am a	ccepting the assistance that you are giving to him/her and I
will contact someone associated with the Zeta	Mu Nu Chapter of Omega Psi Phi Fraternity, if I ever have
any questions about this agreement. I agree	to hold Zeta Mu Nu Chapter of Omega Psi Phi Fraternity,
Inc. mentors and partner organizations harm	lless and free of liability.
Parent/Guardian signature:	Date: