

Zeta Mu Nu Chapter of Omega Psi Phi Fraternity, Inc. Southern Crescent Ques Friendship Foundation *Clayton Harris Jr ROTC Scholarship Application*



Scholarship Criteria and Directions

- 1. Applicants must be permanent residents of Clayton or Henry County Georgia and as a High School Graduating Senior at the time of their application. Applicants must be planning to pursue a military career and participate in ROTC.
- 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 PDF TRANSCRIPT to https://bit.ly/SCQFFTRANSCRIPTV2 Share link with registrar for completion.
- b. Upload (2) Letters of Recommendation to https://bit.ly/SCQFFLORV2 (LOR-Teacher, LOR-Community Member)
- c. Upload a PDF of your 4-year COLLEGE ACCEPTANCE LETTER to https://bit.ly/SQFFCOLLEGEACCEPTV2
- 5. INCOMPLETE and or LATE APPLICATIONS will not be considered. TYPED APPLICATIONS ONLY.

Personal Information

First Name:	Last Name:	Initial:
Home Address:		
City:	State:	Zip Code:
Country:	Are you a U.S.	Citizen?: Yes No
Phone Number:	Cell Nu	mber:
E-Mail Address:		
Date of Birth:	Gender	r: Male Female
Name of Parents/Guar	dians:	
Mother:		Phone Number:
Father:		Phone Number:
Guardian (<i>note relation</i>	ship):	Phone Number:
	Academic Informatio	<u>n</u>
School presently attending:		Graduation Year:
Address of School:		
Current GPA: Have you been accepted into a college or university?: Yes No		
If so, where? (please in	clude acceptance letter copy):	
What is your anticipat	ed major?	

Additional Applicant Information

List any significant awards or honors you have received during high school for academic or extracurricular achievements:

Describe any civic/community activities in which you are/have been involved with during your junior and senior years. *(Include attachment if additional space needed.)*

ESSAY (300 Min - 500 Max) What are the ongoing obstacles for racial equality in the 21st century? (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.

FOR THE PARENT/GUARDIAN:

As a parent/guardian of I understand my responsibilities to assist him/her with his/her education. I am accepting 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 harmless and free of liability.

Parent/Guardian signature:

Date: