

# OMEGA PSI PHI FRATERNITY, INC. ZETA GAMMA GAMMA CHAPTER JON ALLEN YOUNG MEMORIAL

**SCHOLARSHIP APPLICATION & GUIDELINES**

Founded in 1911, on the campus of Howard University, the Omega Psi Phi Fraternity, Inc. is a nonprofit organization of African American college educated men committed to public service. The Fraternity has a membership of more than 150,000 men and more than 850 chapters worldwide. Through the Jon Allen Young Memorial Scholarship Program, we seek to promote and encourage African American **males** to further their academic experience beyond high school.

# CANDIDATES MUST:

1. **Be a male graduating high school senior from a school in Anderson or surrounding counties;**
2. **Have a GPA of 2.7 or higher on a 4.0 scale;**
3. **Submit a completed application form (copies are acceptable);**
4. **Submit a 250 word essay on why you want to pursue a college education; and**
5. **Submit two (2) letters of reference (one academic and one nonacademic) NOTE: No letters from relatives.**

# SELECTION/AWARD

The Chapter Scholarship Committee will decide the scholarship winners and will award two (2) $1,000 scholarships. The Committee will notify the recipients either by Email or telephone. The winners must show proof of acceptance to an accredited college or university to receive the scholarship.

# SCHOLARSHIP APPLICATION:

NAME: TELEPHONE:

ADDRESS: STREET CITY STATE ZIP

HIGH SCHOOL: GPA ACT SAT PRINCIPAL’S NAME:

PROSPECTIVE COLLEGE or UNIVERSITY:

# EXTRACURRICULAR ACTIVITES INVOLVED IN:

School Activities: Community Activities: Office(s) held and Honor(s) received:

# REFERENCES:

Attach two (2) letters of recommendations covering the following three areas: (1) Character, (2) Leadership, and (3) Community Service. One letter must be from a present or past teacher.

**PARENT or GUARDIAN**

NAME:

ADDRESS: TELEPHONE:

**SUBMITTAL:** Submit a completed application package no later than **May 2, 2025,** to: Zeta Gamma Gamma Chapter Jon Allen Young Memorial Scholarship, PO Box 4323, Oak Ridge, TN 37831-4323

I hereby acknowledge that the information contained in this application is true and correct to the best of my knowledge.

Applicant’s Signature Date