



PROJECT UPLIFT, INCORPORATED
KAPPA ALPHA ALPHA CHAPTER
OF
OMEGA PSI PHI FRATERNITY, INC.
DECATUR, GEORGIA
2017 KAA Scholarship Application

The Kappa Alpha Alpha Chapter of **Omega Psi Phi Fraternity, Inc.** is seeking applicants for its annual scholarship program. Each year the chapter awards scholarships to deserving DeKalb and Rockdale County High School male seniors. The size of the awards for school year 2016-2017 will depend on the availability of funds.

Qualifications:

- Graduating male seniors from DeKalb & Rockdale County's public schools
- Pursuing a baccalaureate degree from an accredited college or university
- Participant must be a U.S. Citizen
- Minimum GPA – 2.5
- Must not be awarded a full scholarship

Please complete the attached application and submit it to the contact person below not later than Thursday March 31, 2017. Incomplete applications will not be considered.

All Applicants must include the following supporting materials with their application:

- An official transcript that includes Fall 2016 grades
- A current photo
- Two (2) letters of recommendation addressing your character and ability to achieve academically in college. One letter should be from one of the applicant's high school teachers or adult mentors. (Not to exceed one and half page typed page)
- An essay outlining your educational and vocational goals. (Essay should be no less than two (2) pages.

Applications should be sent to: OR Completed ONLINE

Mr. Victor Jones

KAA Scholarship Committee Chairman <http://www.omega-kaa.com>

P.O. Box 360260

Decatur, GA 30036

KAA Scholarship Committee Email Address: sch@omega-kaa.com

Scholarship recipients will be selected based on an evaluation of scholastic achievements, financial need, community involvement, extracurricular activity, and their face-to-face interview.

(PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION)

Full Name _____

Permanent Address: _____

Email Address: _____

Birthday: _____ Telephone Number: _____

Are you a U.S. Citizen? _____

Name and Address of High School: _____

Phone Number of High School Counselor: _____

College or University You plan to Attend: _____

List Academic Honors, Awards, Scholarships that you received: _____

Do you know a member of Omega Psi Phi Fraternity, Inc.?

Name(s): _____

Describe your participation in Project and Activities related to church, community or school:

What factors, if any, should be taken into consideration in evaluating your academic record?
(Example: job work schedule, illness, etc.) _____

Parent(s)/Legal Guardian Name(s): _____

Parent(s)/Legal Guardian Telephone Number: _____

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND COMPLETE. I UNDERSTAND THAT FAILURE TO PROVIDE CORRECT INFORMATION WILL REVOKE ANY AWARD I MAY RECEIVE.

(Student's Signature)

(Date)

(Parent/guardian Signature)

(Date)