



NU RHO CHAPTER
OF
OMEGA PSI PHI FRATERNITY, INC.
ALBUQUERQUE, NEW MEXICO
2020 Apprentice Scholarship Application

The Nu Rho Chapter of **Omega Psi Phi Fraternity, Inc.** is seeking applicants for its annual scholarship program. Each year the chapter awards scholarships to deserving Bernalillo, Sandoval and Santa Fe County High Schools male or female seniors. The size of the award for school year 2019-2020 is \$500.

Qualifications:

- Graduating male or female seniors from Bernalillo, Sandoval, Valencia or Santa Fe County public schools
- Pursuing a certification from an accredited school
- Minimum GPA – 2.5
- Must not be the recipient of a full scholarship

Please complete the attached application and submit it to the contact person below not later than Friday, April 10, 2019. Incomplete applications will not be considered.

All applicants must include the following materials with their application:

- An official transcript that include Fall 2019 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 paged typed page)
- An essay outlining your educational and vocational goals. (essay should be no less than two (2) pages.

Completed applications should be sent to: Or completed ONLINE

Omega Psi Phi Fraternitiy, Inc.

Nu Rho Chapter

Attn. Rene Matison

P.O. Box 27266

Albuquerque, NM 87125

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: _____

Date of Birth: _____ Telephone Number: _____

Name and Address of High School: _____

Name and Phone Number of High School Counselor: _____

School You Plan to Attend: _____

Certification you Are Pursuing: _____

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

Names(s): _____

Describe Your Participation in Project and Activities Related to Church, Community or School:

Parents(s)/Legal Guardian Name(s)_____

Parents(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)