



**Phi Beta Sigma Fraternity, Inc., Omicron Zeta Sigma (OZS) Chapter  
Scholarship Application**

**Application Deadline: April 30, 2022**

**Select applicants will be invited to participate in a virtual interview process taking place on May 14, 2022. The scholarship recipient(s) will be notified by phone or email no later than May 22, 2022.**

*Please type your answers or write neatly using a black or blue pen.*

<b>PERSONAL INFORMATION</b>	
1.	Last Name: _____ First Name: _____
2.	Mailing Address: Street: _____ City: _____ State: _____ Zip: _____
3.	Daytime Telephone Number: (     ) Email Address: _____
4.	Date of Birth:    Month                      Day                      Year

<b>ACADEMIC STATUS</b>	
5.	High School: Mailing Address: Street: _____ City: _____ State: _____ Zip: _____
6.	Senior Awards & Ceremony Date: _____ Time: _____
7.	Graduation/Commencement Date: _____ Time: _____



### ACADEMIC HONORS/AWARDS

*(List Most Recent First)*

8.	Honor/Award:	Date:
9.	Honor/Award:	Date:
10.	Honor/Award:	Date:

### COMMUNITY SERVICE INVOLVEMENT

*(List Most Recent First)*

11.	Organization/Activity: Nature of Participation:	Date:
12.	Organization/Activity: Nature of Participation:	Date:
13.	Organization/Activity: Nature of Participation:	Date:

### PARENT/GUARDIAN INFORMATION

14.	Name(s): <i>(Include address if different than your own listed in Question 2.)</i> Street: City: State: Zip: Home Telephone Number: Work Telephone Number:
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### OFFICIAL ACADEMIC TRANSCRIPT

15. Provide your official Secondary School Transcript documenting the cumulative grade point average (GPA) through the 2020 – 2021 (11th grade) school year.

### RECOMMENDATION LETTERS

Parents, immediate family members, friends, or acquaintances, etc. are not eligible to write an evaluation.

16. Provide the attached [Scholarship Letter of Recommendation Request Form](#) to evaluators.
- One (1) letter of recommendation from high school personnel.
  - One (1) letter of recommendation from someone who can attest to the applicant's community service involvement.

### ESSAY

17. Provide a five-hundred (500) word essay (12 pt, Times New Roman, double-spaced) on one of the following topics on a separate sheet.
- How have Black men positively impacted the world? What impact have you made in your community?
  - Share your personal biography. (i.e., How has your background influenced your future aspirations? What is your potential college major and career, and why?)
  - Reflect on your personal and academic journey and share. (i.e., How have you changed from Freshman year? How have community service, academic goals, and/or jobs impacted your academic goals and achievements?)
  - What are some positive and negative impacts that technology has had on the education system? (i.e., transitioning from in-person to virtual learning, use of smartphones)

### COLLEGE ACCEPTANCE LETTER

16. Provide one (1) official (photocopy is acceptable) letter of acceptance/admittance from the chosen college or university.

### CHECKLIST

- |                          |                                  |
|--------------------------|----------------------------------|
| <input type="checkbox"/> | <b>Application</b>               |
| <input type="checkbox"/> | <b>Academic Transcript</b>       |
| <input type="checkbox"/> | <b>Recommendation Letters</b>    |
| <input type="checkbox"/> | <b>Essay</b>                     |
| <input type="checkbox"/> | <b>College Acceptance Letter</b> |



**CERTIFICATION**  
**(All applicants must sign the following)**

I hereby certify that:

- All information submitted in the application is true and correct.
- I am a student who will be enrolled in a college or university's degree program.
- Any funds received from Omicron Zeta Sigma will be used solely for the purpose of paying for educational expenses, i.e. tuition, housing, meal plan, books.
- I understand the college/university verification form has to be completed and returned to the Omicron Zeta Sigma Chapter prior to funds being disbursed. Once verified, funds will be disbursed to the student and/or school at Omicron Zeta Sigma Chapter discretion.
- The applicant will notify the Omicron Zeta Sigma Chapter in writing immediately if there should be any change or interruption in plans to attending the stated college or university.

**Signature of scholarship applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PERMISSION**

I hereby grant permission to use my name, comments, pictures, or photography for public relations, advertising, or any other lawful purposes, and I waive any right to inspect or approve the finished version(s) including written copy that may be created in conjunction therewith. I understand the Omicron Zeta Sigma chapter may use that information from my official transcript(s), scholarship application, and submitted essay(s).

**Signature of parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MAIL COMPLETE APPLICATION PACKAGE TO:**

Scholarship Committee  
Phi Beta Sigma Fraternity, Inc.  
P.O. Box 1873  
Woodbridge, VA 22195

**REMINDER:**

The deadline for this application to be received is:  
April 30, 2022



**Phi Beta Sigma Fraternity, Inc.**  
**Omicron Zeta Sigma (OZS) Chapter**  
**Scholarship Letter of Recommendation Request Form**

Thank you for submitting a letter of recommendation on behalf of the OZS Chapter scholarship applicant. Your evaluation is an important element in the application and helps the review committee understand the applicant. Please make a statement describing the applicant's character, school, and community involvement as well as evidence of the student's strengths and weaknesses. OZS is particularly interested in how you feel the student might adapt and excel on the collegiate level, as well as in the community. Please attach this form to your letter of recommendation on faculty letterhead.

**Please note: Parents, immediate family members, friends or acquaintances, etc. are not eligible to write an evaluation.**

I am writing this evaluation on behalf of \_\_\_\_\_

Evaluator's name \_\_\_\_\_

Telephone number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

How long have you known the applicant \_\_\_\_\_

Evaluator Signature \_\_\_\_\_ Date \_\_\_\_\_

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