**Omega Psi Phi Fraternity**

 Zeta Kappa Kappa Chapter *P.O. Box 22480***Contest Application Instruction Sheet**

This scholarship is open to high school seniors in the Greater Cleveland areas who are graduating in May or June of 2020, and who plan to enroll in a four (4)-year College or University.

If you wish to be considered for Zeta Kappa Kappa’s College Scholarship, applications will be accepted no later than April 1, 2020 the following items in one large envelope to:

**Zeta Kappa Kappa Chapter: Attn: Donald J. Jolly II, Scholarship Committee Chairman**

**P.O. Box 22480**

**Beachwood, Ohio 44122**

1. The completed application and cover page

2. A typed, two-page minimum, three-page maximum, double spaced essay titled, **“How will your vote impact your community?”**

3. A copy of your high school transcript, which must include your first semester grades (First and Second Quarters) of the current school year.

4. A copy of your most recent SAT or ACT scores.

5. Three (3) letters of recommendation

**IT IS NECESSARY AND IMPORTANT THAT ALL REQUESTED ITEMS ARE COMPLETE AND ARRIVE TO ZETA KAPPA KAPPA BEFORE APRIL 1, 2020.INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

**Zeta Kappa Kappa Chapter**

**SCHOLARSHIP APPLICATION COVER PAGE**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check which items are included with your package:

 \_\_\_\_\_ Completed Application

\_\_\_\_\_ Most recent high school transcript, showing at least first semester Senior grades (First and Second quarters), sent to Fraternity Center Date Requested \_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_ Most recent copy of SAT or ACT scores

\_\_\_\_\_ 2-3 page, typed, double spaced essay titled, **“How will your vote impact your community?”**

\_\_\_\_\_ 3 Letters of recommendations

**Zeta Kappa Kappa Chapter**

Section 1: IDENTIFYING DATA

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_

PHONE NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT’S EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL PHONE NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRADE: \_\_\_\_\_\_\_\_ EXPECTED DATE OF GRADUATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section 2: FAMILY INFORMATION

MOTHER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTHER’S EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER’S EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GUARDIAN’S NAME (if not living with mother or father): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF SISTERS AND BROTHERS IN THE HOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

LIST UNUSUAL EXPENSES (ex: medical, dental, educational, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Zeta Kappa Kappa Chapter**

 Scholarship Contest Application

Section 3: FUTURE STUDIES List the names of the colleges where you have been accepted or that you plan to apply: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Anticipated major study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Approximate amount of financial you have been awarded to date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Sources of financial aid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section 4: GENERAL INFORMATION (attach additional pages as necessary)

List all school, church/religious activities, and /or community activities you participate in. Include any offices held \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List any jobs held during the past three years (note if jobs are full or part time): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List any hobbies and/or areas of special interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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