

Dr. Ernest E. Just, Dr. Oscar J. Cooper, Professor Frank Coleman, Bishop Edgar A. Love

OMEGA PSI PHI FRATERNITY, INC.

NU PI CHAPTER

Joliet, IL

**Dr. Charles Kennedy and Floyd A. Eskridge Jr.**

**APPLICATION FOR AWARD OF SCHOLARSHIP**

**MANHOOD**

**SCHOLARSHIP**



**PERSEVERANCE**

**UPLIFT**

[www.nupiques.org](http://www.nupiques.org)

Applicant's Name:

First

Last

MI

FOR NU PI CHAPTER USE ONLY

DO NOT WRITE BELOW THIS LINE

Application Packet Received/Postmarked on \_\_\_\_\_

Application Packet Complete (Y or N) \_\_\_\_\_

## APPLICATION FOR AWARD OF SCHOLARSHIP

1. DEADLINE for scholarship applications is **April 15, 2023. Must be postmarked by April 15, 2023.**
2. Refer to the criteria below for eligibility requirement. Refer to the application process below for a list of supporting documents. (i.e. reference letters, evidence of GPA, etc.) **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**
3. Type or print legibly. Illegible applications will be eliminated from the selection process.
4. You will receive an email notification by **April 22, 2023** informing you we have received your application.
5. Failure to fill out the application properly, and comply with the requests made, will result in the application being denied.
6. If you have any questions about the application process, please email Kevin Thomas at [nupischolarship@gmail.com](mailto:nupischolarship@gmail.com)

### Eligibility Criteria:

Students are *eligible* to be considered for a Dr. Charles Kennedy and Floyd A. Eskridge Jr. Scholarship if they meet all of the following criteria:

- Have demonstrated leadership abilities through participation in community service, extracurricular, or other activities.
- Have completed and submitted all required forms by the deadline **April 15, 2023.**
- Be a **U.S. Citizen, legal permanent resident or an eligible non-U.S. citizen**
- Be a graduating **high school senior** with plans to enroll **full-time** in a **degree-seeking program** at a four-year accredited institution in the U.S., Puerto Rico, the U.S. Virgin Islands or Guam during the **2023-2024** academic year.
- Have a minimum cumulative grade point average (GPA) of **2.75 on a 4.0 scale.**
- **Must** permanently reside in Joliet or Chicago metropolitan area.

### Application Process:

Applicant must submit the following items:

1. A completed application form (if handwritten, please print legibly).
2. Three (3) letters of recommendation. One must be from a school counselor or educator. One must come from an organization where you completed community service. Both letters of recommendation must be on the school or organization letterhead.
3. A copy of your most recent transcript with cumulative grade point average.
4. A copy of you SAT or ACT test scores.
5. A typed 500-word essay referenced in Part 3.
6. College or university acceptance letter.
7. Applicant must agree to an interview with the selection committee in person or via Zoom as part of the selection process.

## ***PART 1 of 5: CONSENT FORM***

Please read the following consent form. You must sign the Consent Form and include this when mailing your completed application. If you are under age 18, a parent or guardian must also sign the form.

I certify that the information on this application is true and correct to the best of my knowledge, and I give my permission for the information in my Scholarship Application to be shared with the Scholarship Committee. I consent that my picture may be taken and used for any purpose deemed necessary to promote the Dr. Charles Kennedy and Floyd A. Eskridge Jr/ OPP Scholarship Program. I also release the right to use my name, essay and other information submitted in this application for publications, reports and press releases.

I hereby understand that if chosen as a scholarship winner, according to the Dr. Charles Kennedy and Floyd A. Eskridge Jr/ OPP Scholarship policy, I must provide evidence of enrollment/registration at an accredited, postsecondary institution in the U.S., Puerto Rico, the U.S. Virgin Islands or Guam before my scholarship funds can be awarded. I understand that it is my responsibility to report any scholarship money that exceeds college costs as earned income on my Federal Income Tax Return.

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Student name (Print or Type)

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Student Signature

Date

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Parent of Guardian Signature (If under 18)

## ***PART 2 of 5: SCHOLARSHIP APPLICANT INFORMATION***

**ALL APPLICANTS PLEASE COMPLETE THE FOLLOWING. IF YOU ARE FILLING THIS OUT BY HAND, PLEASE MAKE SURE YOUR ANSWERS ARE LEGIBLE.**

### ***PERSONAL INFORMATION:***

Applicant's Name \_\_\_\_\_  
First Last MI

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Present Address: (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*If your email address changes after you have submitted the application, please communicate this immediately as this is the primary way we will let you know about the status of your application. If you do not have an email address, provide a telephone number so we can contact you.*

**PART II. ACADEMIC INFORMATION:**

High School Name

Address

Are you a U.S. Citizen, Legal or Permanent Resident or Eligible Non U.S. Citizen?   ☐ Yes   ☐ No

Grade Point Average (GPA)\_\_\_\_\_ (on a 4.0 scale) Graduation Date\_\_\_\_\_

**College or University Considerations**

#	Name of College or University	Have You Applied? (Yes / No)	Have You Been Accepted? (Yes / No)
1.			
2.			
3.			

**SCHOOL AND COMMUNITY ACTIVITIES OVER THE PAST TWO YEARS:**

*Include paid and volunteer activities, hobbies, organizational memberships, special projects, etc.*

Organization:	Your Involvement/Role:	Participation Dates

**AWARDS AND HONORS RECEIVED OVER THE PAST TWO YEARS:**

Include academic and non-academic awards received such as scholarships, prizes, trophies, publications, etc.

<u>Honors Received</u>	Awarded By	Participation Dates

### ***PART 3 of 5: ESSAY***

Applicants are required to submit a scholarly written 500-word (typed) and electronic copy of an essay, responding to the following prompt.

**Select ONE of the following attributes, and explain how it has influenced your life thus far.**

**“MANHOOD”**

**“SCHOLARSHIP”**

**“PERSEVERANCE”**

**“UPLIFT”**

**Please double space using one-inch margins all around. Times New Roman 12-point font is preferred.**

Quotes and/or citations of other’s work need to be appropriately credited / documented.

**PART 4 of 5: SCHOOL TRANSCRIPTS:** Include your official high school transcript(s) bearing your high school seal with the application.

**PART 5 of 5: LETTERS OF RECOMMENDATION:** Include THREE letters of recommendation (1) from a school counselor or post-secondary coach, along with the other scholarship application materials. A Letter-of-Recommendation form follows this page. The letters should NOT be from a parent or relative.

**PLEASE NOTE:** All of the required application materials i.e. (Consent Form, Application, Essay, Transcripts with school seal, including (3) letters of recommendation) must be submitted in one envelope postmarked **No Later than April 3, 2021**

### **APPLICATION PACKAGE CHECKLIST**

- ☐ Completed Application submitted with ALL the required documentation.
- ☐ Three (3) Letters of Recommendation.
- ☐ Most recent high school transcript with cumulative grade point average.
- ☐ SAT or ACT test scores.
- ☐ Typewritten 500-Word Essay.
- ☐ University/College Acceptance Letter

Submit ALL materials to:  
Omega Psi Phi Fraternity Incorporated – Nu Pi Chapter  
c/o Kevin Thomas Scholarship Committee Chair  
P.O. Box 4182 Joliet, IL. 60434

**FLOYD A. ESKRIDGE JR. SCHOLARSHIP  
LETTER OF RECOMMENDATION**

***PART III. REFERENCES:*** Provide information regarding the individuals who will be submitting letters of recommendation in support of your application. All letters must be received by the deadline.

1. Educator from your high school.

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Name

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Professional Title

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Address

City

State

Zip

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( )

Telephone

E-mail

2. Person who is knowledgeable about the student's community service.

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Name

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Professional Title

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Address

City

State

Zip

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( )

Telephone

E-mail

3. Other (non-relative) of the applicants choosing

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Name

---

Professional Title

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Address

City

State

Zip

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( )

Telephone

E-mail

**CERTIFICATION:** NAME (Print) \_\_\_\_\_

I understand withholding information requested on this form or knowingly giving false information might make me ineligible for assistance from Omega Psi Phi Fraternity, Inc. I certify that the statements I have made on this application are correct and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date