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|  | **OMEGA PSI PHI FRATERNITY, INCORPORATED BETA ALPHA ALPHA CHAPTER**  **and**  **THE BETA ALPHA ALPHA FOUNDATION**  **2025 Scholarship Application**  **for Black/African-American & Hispanic/Latino Males**  **Residing In Westchester County** |

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| **ORGANIZATION OVERVIEW** |
| Omega Psi Phi Fraternity, Inc. is a historically African-American community service organization founded at Howard University in Washington, D.C. on November 17, 1911.  The Beta Alpha Alpha Chapter of Omega Psi Phi Fraternity, Inc., founded on September 18, 1978, is composed of college educated, professional men who are active in Westchester County. The men of the Beta Alpha Alpha Chapter are committed to raising the academic consciousness and achievement of youth of color in our communities.  Each year, the Chapter typically awards several scholarships of $1,000 or more to deserving students. In addition, scholarship recipients may be eligible for perseverance stipends for each of the three years following their freshman year. |
| **SCHOLARSHIP REQUIREMENTS** |
| ***Candidates must be Black/African-American or Latino males who are graduating high school seniors and who will matriculate to a college or university in the summer or fall of 2025. Candidates must also:***   * Be a resident of Westchester County. * Rank in the top half of his high school graduating class. * Have an overall four-year high school academic average of (75%, C+, 2.5/4.0), or better. * Be prepared to discuss his involvement in extra-curricular and community activities and his financial need to attend his institution of choice. * Be available for a personal interview on one of the Saturdays in May, 2025, yet to be determined. * Be present at our scholarship award event on one of the Saturdays in June, 2025, yet to be determined, in order to receive his award. |

**2025 Scholarship Application (Please Type or Print Clearly)**

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| **SECTION A** – *Applicant Information* | | | | |
| Last Name: First Name: | | Home Address (Street): | |  |
| MI: Suffix: Birthdate: | | City: State: | | Zip Code: |
| Home Phone: Mobile: | | Parent/Guardian Name: | |  |
| Email: | |  | |  |
| **SECTION B** – *Anticipated College Information* | | | | |
| Intended College/University Name:  Street Address:  City: State: Zip Code: | | Intended Major:  Date of Enrollment: | | |
| **SECTION C** – *School & Performance Information (to be completed by school counselor/official)* | | | | |
| High School Name: | | Date of Graduation Ceremony: | | |
| High School Address (Street): | | Date of Senior Awards Presentation: | | |
| City: State: Zip Code: | |  | | |
| SAT Scores Math: EBRW: | | Counselor's Name: | | |
| ACT Scores Composite: Math: Science: | | Counselor's Signature: | | |
| English: Reading: Writing: | | Date: | | |
| Class Ranking (if available): Overall GPA: | |  | | |
| **SECT ION D** – *School, Community* & *Employment Information* | | | | |
| List any High School activities, Community activities (e.g. church, volunteer service) and any work/internship experiences. | | | | |
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| *(If additional space is required, please attach a separate sheet of paper)* | | | | |

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| **SECTION E** – *Other Required Materials & Submission Information* | |
| **To be considered complete, an application must be accompanied by “ALL” of the following:**   * A letter of recommendation from a school official * A letter of recommendation from a community source * A copy of your high school academic transcript * A copy of your college acceptance letter(s), if available * A copy of your SAT or ACT scores * A 500-word essay addressing the following question:   **Applicants must respond in writing to the following question:**  **Question – *What impact do you believe that social media is having on mental health and why is it important to address this issue?***  **All required information must be submitted in its entirety via email by March 31, 2025. Incomplete or late applications will not be considered. All finalists must be present on one of the Saturdays in June, 2025, yet to be determined, in order to receive their scholarships.** | |
| **Please indicate how you became aware of this scholarship program.**  □School □Church □Youth Group □Fraternity Member □E-mail □Mail □Other | |
| **Completed applications must be submitted via e-mail. ALL required information and documents must be emailed along with this completed application to:** [**baafwp@gmail.com**](mailto:baafwp@gmail.com) **no later than 11:59 PM on March 31, 2025.**  **Please reference “Completed 2025 Scholarship Application” in the subject box. If you do not receive a return email acknowledging the receipt of your application by April 15th, please contact Dr. Corey W.**  **Reynolds @ 914-420-5966 and leave a message with your name, the time and date of your call, and phone number.** | |
| **Applicant Signature:** | **Date:** |

THE DEADLINE FOR SUBMISSION

VIA EMAIL TO [baafwp@gmail.com](mailto:baafwp@gmail.com)

IS MARCH 31, 2025

BY 11:59 PM – NO EXCEPTIONS