

DR. D.T. WALTON JR., & MOYO  
SCHOLARSHIP COMMITTEE

Founders: Frank Coleman, Oscar J. Cooper, Ernest E. Just, Edgar A. Love (Deceased)

OMEGA PSI PHI FRATERNITY, INC.  
LAMBDA PHI CHAPTER  
P.O. Box 5141, Macon, GA 31208-5141

APPLICATION FOR AWARD OF  
SCHOLARSHIP 2020



Applicants' Full Name:

First	Middle	Last	Suffix
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FOR CHAPTER USE ONLY

DO NOT WRITE BELOW THIS LINE

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

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

Chapter Award Received: \_\_\_\_\_

Please complete this form accurately as possible as **all** required attachments will be reviewed. After applications are reviewed, selected applicants will be contacted for interviews conducted by the Dr. D.T. Walton, Jr./MOYO Scholarship Committee. Finalist from the interview process will be awarded with scholarships from the Dr. D.T. Walton, Jr./MOYO Scholarship Fund. Those funds will be made available for the fall semester that immediately follows the students' graduation from high school. Scholarship recipients' funds will only be disbursed after proof of their enrollment in an accredited 4-year college/university is obtained by the Dr. D.T. Walton, Jr. Scholarship Committee. **THIS NOTIFICATION MUST BE RECEIVED BY OCTOBER 31, 2020.**

# APPLICATION FOR AWARD OF SCHOLARSHIP OR GRANT

OMEGA PSI PHI FRATERNITY, INC.

**TYPED APPLICATIONS ONLY**  
**All Fields Required Unless Otherwise Noted**

## PART I. PERSONAL INFORMATION

Profile			
Last Name:	First Name:	Middle Name:	
Date of Birth: (MM/DD/YYYY)			
Permanent Address			
Street:			
City:	State:	ZIP /Postal Code:	
School Address (Optional)			
Street:			
City:	State:	ZIP /Postal Code:	
Phone/ E-mail			
Primary: (    ) - <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Phone: (    ) - <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Primary E-Mail Address:		E-Mail Address 2:	
(for official communications)			
Employment:			
Are you currently employed? <input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A	
Occupation/Job:		Place of Employment:	
Family Information			
Marital Status: <input type="checkbox"/> Y <input type="checkbox"/> N		Number of Children:	Ages of Children:
Father's Full Name:		Is he living?	Occupation:
Mother's Full Name:		Is she living?	Occupation:
Number of Brothers:	Ages:	Number of Sisters:	Ages:
Number of brothers/sisters in college:			

**PART II. ACADEMIC INFORMATION:**

Grade Point Average:  2.5 – 3.09  3.1 – 3.59  3.6 – 3.99  4.0    \_\_\_ / \_\_\_ Class Rank

**Counselor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**High School Info**

Name:

Location:

Year Graduated:

**College Institutions You Have Applied To**

(List in all college institutions you have applied to).

Institution Name	Institution Location	Dates Applied	Major/ Minor	Degree (i.e. B.A., B.S.)	Date Of Acceptance (Month/ Year)	Will Attend (Yes/No)

**Extracurricular Activities**

(List in all clubs/activities/sports you have participated in).

Club/Activity/Sport	Years	Member/Officer/Position	Currently Active (Y/N)

**Community Based Service or Volunteering**

(List in all community service you have completed).

Organization	Location	Approximate Hours	Person of Contact to Verify

**PART III. BIOGRAPHICAL INFORMATION**

1. What is your proposed occupation/profession and why? Describe your short and long term career goals? How will this scholarship award help you accomplish them? Have you been awarded any other scholarships at this time? If so, please share that information here. In five years, what do you hope to have accomplished in your field? Be specific as possible. (Respond in 250 words or less)

2. Who or what has given you the most inspiration to excel in your life? Briefly describe your relation or affiliation to this person or entity. Surmise how your outcome might be different if you had not recieved their guidance.

<b>References (Please list references with contact information)</b>			
<i>Reference I: Academic administrator or faculty</i>			
Name	Title	Mailing Address	E-mail address
<i>Reference II: Academic administrator or faculty</i>			
Name	Title	Mailing Address	E-mail Address
<i>Reference III: Applicant's Choice</i>			
Name	Title	Mailing Address	E-mail Address

## NOTICE

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**\*\*\*\*ATTACH A RESUME & UPDATED TRANSCRIPT TO THIS APPLICATION\*\*\*\***  
 (Resume must contain summary of civic, community & volunteer activity completed)

Complete all information requested and return to the address below:  
 Dr. D.T. Walton, Jr./MOYO Scholarship Committee  
 Omega Psi Phi Fraternity, Inc.  
 P. O. Box 5141  
 Macon, Georgia 31208

**Incomplete applications will not be considered**  
**Sealed transcripts or academic records may NOT be sent separately**  
 \*\*\*The application must be submitted in its entirety and postmarked by March 31, 2020\*\*\*

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Please indicate how you became aware of this scholarship program.

School     Church     Youth Group     Fraternity  
 Member     Email    Other: \_\_\_\_\_