

Omega Psi Phi Fraternity, Inc.
Dr. DeNorris D. Crosby Junior Scholar of the Year
2017 First District Scholarship Application
Epsilon Iota Iota Chapter
Deadline Date: March 30, 2017

Date _____

I. PERSONAL AND FAMILY DATA:

1. Name _____

2. Address _____

3. Date of Birth _____ 4. Telephone _____

5. E-mail _____

6. High School _____ 7. Grade Point Average _____

8. Year of Expected Graduation _____

9. Parent(s) / Guardian _____

10. Names of brothers and sisters, their ages and current educational or occupational status:

11. Which of the above are dependents of your parents?

12. References: Name, address and daytime phone numbers of two persons, not relatives, who might assist us in our evaluation.

(1) _____

(2) _____

II. COLLEGE DATA:

1. Planned area of academic concentration _____

2. Please list the colleges that you have applied to and the status of your application, if known.

III. STUDENT PROFILE:

If additional space is needed, please attach a separate sheet of paper including your name.

1. Please list all extra-curricular activities, varsity athletics, work, volunteer experience and personal hobbies for consideration by the scholarship committee.

2. What extra-curricular activities do you plan to participate in at college?

3. Awards / recognition for academic or community achievement:

6. Submission of your official high school transcript to the First District Scholarship Committee is required. Please include your transcript in your completed application package.

***Eligibility for the “Dr. DeNorris D. Crosby First District Junior Scholar of the Year:**

To be eligible for the Dr. DeNorris D. Crosby Scholarship, candidates must meet the following criteria:

- Must be currently enrolled at a regionally accepted high school as a graduating senior.
- Must be representing a chapter of the First District of the Omega Psi Phi Fraternity, Inc.,
- Must be attending a regionally accredited 4 year college or university, as a full-time student during the fall after receiving the scholarship.

Applicant's signature _____

Date _____

Parent or guardian signature _____
(If applicant is under 18)

Date _____

RETURN APPLICATION TO:

**EPSILON IOTA IOTA
P.O. BOX 6712
HAMDEN, CT 06517
C/O: Brother David Canton**

**POSTMARK DEADLINE:
March 30, 2017**