



**SCHOLARSHIP APPLICATION  
INSTRUCTIONS AND GUIDELINES**

**STUDENT'S ELIGIBILITY FOR SCHOLARSHIP**

- A male high school senior, who will graduate with his class in spring 2021, and resides in Cobb County and North Fulton area.
- A student who will enter a college or university within one (1) year of completion of high school.
- A student does not need to be accepted to a college or university at the time of application. However, payments made to a recipient is contingent upon proof of acceptance and/or enrollment to an accredited institution.

**APPLICATIONS WILL BE CONSIDERED ON THE BASIS OF THE FOLLOWING:**

Grades	Essay
SAT/ACT Scores	Written recommendations
Honors and awards	Personal Interview
Extracurricular/Service Activities (i.e., clubs, sports, service projects in school and community, etc.)	

**Note:** The scholarship(s) recipients will be notified by **MAY 1, 2021**. Awards will be paid to the College or University upon proof of the student's enrollment. The student must remain in good standing with his college or university to receive the remaining funds beyond his freshman year.



**DOCUMENTS REQUIRED BY MARCH 28, 2021**

- Completed scholarship application form.
- Academic performance report signed by a school official.
- At least one (1) letter of recommendation.
- Completion of a 350-500-word essay on:

"Should term limits be instituted for members of Congress?" Explain your answer.

Students must also appear before the Scholarship Committee for a personal 10-20-minute interview. Interviews are tentatively scheduled to be conducted on **APRIL 17<sup>TH</sup> or APRIL 24<sup>TH</sup>**.

Send the completed form to the Scholarship Committee as follows:

Please fill in the form (on-line), save the file and email the document to [ga4779@yahoo.com](mailto:ga4779@yahoo.com)

**You can also print the complete package fill it out by hand or typed and mail it to the address below:**

Chi Gamma Gamma Chapter  
Omega Psi Phi Fraternity, Inc.  
P.O. Box 71507  
Marietta, Georgia 30007-1507

***The last page (ACT & SAT) must be printed and taken to your counselor for his and your Signature. Then scanned and emailed or mailed to one of the addresses above.***

Questions may be directed to:

**Herb Shannon**  
[omegaherb@bellsouth.net](mailto:omegaherb@bellsouth.net)  
770-401-1892



**INSTRUCTIONS:** The student must provide the information requested by this form. You may attach additional pages if necessary. The application must be received by **March 28, 2021.** Once completed, email document to [ga4779@yahoo.com](mailto:ga4779@yahoo.com) or mail it to the address provided

Name of Candidate: \_\_\_\_\_

Address: \_\_\_\_\_  
                    Street  City  State  Zip

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ High School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Extracurricular Activities (organizations, athletics, clubs, plays, and other activities). Indicate years of involvement and any office held: \_\_\_\_\_

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

Honors and Awards: \_\_\_\_\_

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

Community Service or Other Activities: \_\_\_\_\_

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



Work Activities - Are you now employed? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how long have you worked, what type of work, and how many hours per week do you work?

---

---

---

Church Membership: \_\_\_\_\_

Church Activities: \_\_\_\_\_

---

---

Hobbies: \_\_\_\_\_

---

---

Future Plans: \_\_\_\_\_

What colleges/universities have you applied to or been accepted to for admission? \_\_\_\_\_

---

---

What field of study will you pursue? \_\_\_\_\_

Why do you need this Scholarship? \_\_\_\_\_

---

---

---





**NAME OF STUDENT:** \_\_\_\_\_

Dear Counselor:

The above-named student has applied for the 2<sup>nd</sup> Century Invictus Fund Scholarship.

In order to assist us in making our selection, we would appreciate you providing the following academic information on this student:

If available, college entrance examination score, (ACT or SAT):

ACT composite score: \_\_\_\_\_

SAT combined score: \_\_\_\_\_

Student's cumulative high school grade point average excluding

Spring semester of senior year: \_\_\_\_\_

Is student enrolled in an honors program? Yes \_\_\_\_\_ No \_\_\_\_\_

**To Be Completed by School Official**

Print \_\_\_\_\_ Signature \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

---

**Student's approval to release information:**

\_\_\_\_\_  
(Signature)

Email completed form to: [ga4779@yahoo.com](mailto:ga4779@yahoo.com) or mail to the address provided.