



APPLICATION PACKET CHECKLIST

- ___ **Scholarship Application**
- ___ **Official Transcript**
- ___ **Copy of your SAT or ACT scores**
- ___ **Three (3) Recommendations (Forms Attached)**
- ___ **Typewritten Essay**
- ___ **Make certain your name is on all attachments**

The Epsilon Pi Uplift Foundation, A 501(c) 3 Organization
P.O. Box 1128, Brookhaven, PA 19015 • EPiUpliftFoundation@gmail.com

The Epsilon Pi Uplift Foundation
Omega Psi Phi Fraternity, Inc.
Brookhaven, PA

SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

Legal Name																											
Last														First										M			

Permanent Home Address																											
Number and Street																											

City														State		Zip code											
------	--	--	--	--	--	--	--	--	--	--	--	--	--	-------	--	----------	--	--	--	--	--	--	--	--	--	--	--

Home Telephone													
1													

Cell Phone													
1													

E-Mail Address																											

Date of Birth	

Social Security	

Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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US Citizenship	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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EDUCATION

Name of current high school																								Reporting Code			
City														State		Zip code											

Name and address of the college/university you plan to attend.																											
City														State		Zip code											

Course of Study (major field) _____

FAMILY DATA

	Father/Male Guardian	Mother/Female Guardian
Name		
Occupation/Title		
Employer		

	Brothers	Sisters
Number of		
Age(s)		

SCHOOL COURSES, ACTIVITIES, AND EXPERIENCES

List Advanced Placement (AP), honors courses, and internships you have participated in that are related to your academic or career interest.

Course of Program	Dates	Grade Earned

List school and community activities in which you have participated, such as varsity and club sports, scouting, church groups, and student government. Include memberships in Honor Society, Beta Club, and volunteer activities.

Activity	Offices Held	Dates of Participation

List jobs you have held in the past three years.

Job or Kind of Work	Employer	Year of School	Date(s) of Employment	Hours per Week

List any honors, awards, and/or special recognition you have received over the last year.

RECOMMENDATIONS

All scholarship candidates need three (3) statements of personal recommendations are required to support your application. Utilize the attached forms to complete this portion of the application.

- Instructor or school official who is familiar with your academic work.
- Adult (non-relative) who can write about your community service work and/or give a personal character reference.
- Counselor, administrator, club sponsor, job coordinator, coach, or community leader.

CERTIFICATION BY SCHOOL OFFICIAL

Please review the student's responses, provide the data requested below, and attach an **official** transcript of grades to this questionnaire.

Legal Name																												
Last														First								M						

Test Scores (Not Mandatory)

Admission test scores are not required but requested if available. Instructions for submitting SAT I or ACT scores are printed in each testing program's Registration Bulletin available at your school.

SAT I Test Date	<input style="width: 80%;" type="text"/>	Verbal	<input style="width: 80%;" type="text"/>	Math	<input style="width: 80%;" type="text"/>
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SAT I Test Date	<input style="width: 80%;" type="text"/>	Verbal	<input style="width: 80%;" type="text"/>	Math	<input style="width: 80%;" type="text"/>
ACT Test Date	<input style="width: 80%;" type="text"/>	Composite Score	<input style="width: 80%;" type="text"/>		
ACT Test Date	<input style="width: 80%;" type="text"/>	Composite Score	<input style="width: 80%;" type="text"/>		
Class Rank	<input style="width: 80%;" type="text"/>	out of	<input style="width: 80%;" type="text"/>	graduating seniors	
Grade Point Average	<input style="width: 80%;" type="text"/>	using a	<input style="width: 80%;" type="text"/>	scale	
Anticipated Graduation date	Month	<input style="width: 80%;" type="text"/>	Year	<input style="width: 80%;" type="text"/>	

Name of school official	Title
Signature	Date

FINANCIAL INFORMATION

A. Have you applied for any other financial assistance?

YES____ NO ____

B. Have you been awarded financial aid or scholarship monies?

YES ___ NO ____

C. Please write any information or special circumstances that you would like the committee to consider along with your application. For example, communicate any pertinent or unusual circumstances or information concerning your financial need. (You may attach a separate sheet.)

PERSONAL ESSAY

Discuss why you applied for this scholarship and why you feel you are a good candidate for the award. Write the essay on a separate sheet of paper and attach it to the application.

State your position, defend your answer, most importantly, answer the question.

CERTIFICATION

I affirm that all information given is true, correct and complete to the best of my knowledge. I fully understand that any misrepresentation, incorrect or incomplete information will lead to disqualification for and forfeiture of any scholarship grant. I further understand that funds awarded to me in the form of a scholarship will be disbursed only if I fully comply with all requirements as set forth by the organization. All materials submitted in the application process will remain the property of The Epsilon Pi Uplift Foundation and the Epsilon Pi Chapter of Omega Psi Phi Fraternity, Inc.

Signature of Applicant

Date

Signature of Parent/Guardian (Indicating Review)

PARENTAL COMMENTS:

Please send this completed questionnaire, school transcript, recommendation forms, and a high school profile (if available) and forward it to the appropriate addresses below.

epiupliftfoundation@gmail.com
Reginald Springfield
Chairman, Scholarship Committee
P.O. Box 1128
Brookhaven, PA 19015

ALL application materials *must* be received by **Friday May 9, 2025**. *Neither the Foundation nor its Board Members will assume any responsibility for any missed deadlines or misunderstandings resulting in disqualification.*

Recommendation Form

The Epsilon Pi Uplift Foundation
Omega Psi Phi Fraternity, Inc.

SCHOLARSHIP RECOMMEDATION FORM

TO THE APPLICANT: Complete this portion of the form. Then give the form to one of the individuals who will write a recommendation for you. The Chairman of the Scholarship has provided the address to which the recommendation is to be sent when completed.

NAME OF APPLICANT

SOCIAL SECURITY NUMBER



(Continue on additional sheets if necessary)

Recommender's Name (TYPE OR PRINT)

Signature_____

Date_____

Address_____

Tel. # () _____

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