

**Omega Psi Phi Fraternity, Inc.  
PSI XI Chapter  
P.O. Box 5723  
Oxnard, CA 93031**

Dear High School Graduating Senior,

The Psi Xi Chapter of Omega Psi Phi Fraternity, Inc., is awarding scholarships to graduating African-American high school students. We request that you review the following application information. Candidates should show aspiration to continue with their higher education.

Our 2024 scholarship awards are based on the following criteria: 1) At least a 2.5 G.P.A. on a scale of 4.0; 2) A biographical essay; 3) Strength of recommendations/references, and 4) Community involvement.

Along with the essay and recommendations, each student will need to submit a certified transcript with the application package to: **Scholarship Chairman, Psi Xi Chapter, P.O. Box 5723 Oxnard, CA 93031**. The postmark deadline for all completed application packages is April 15, 2024. For your convenience, you can complete this application on line at [www.goldcoastques.org/psi-xi](http://www.goldcoastques.org/psi-xi).

Scholarships will be announced at your High School's Awards Ceremony. Funds will be awarded upon receipt of proof of college enrollment, but no sooner than September 1, 2024.

Below, are the Application, Biographical Essay, and Recommendation forms, with the instructions. A member of the Omega Psi Phi Fraternity can assist in answering any questions you may have. Please feel free to contact me at [calvinfrye@sbcglobal.net](mailto:calvinfrye@sbcglobal.net).

Thank you for your time, and continued excellence in gaining a higher level of education.

Sincerely,

**Calvin Frye  
Scholarship Chairman  
Psi Xi Chapter**

**Omega Psi Phi Fraternity, Inc.**  
**PSI XI Chapter**  
**2023 SCHOLARSHIP APPLICATION**

Date \_\_\_\_\_

**Section I:**

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Section II:**

Name of High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Overall GPA \_\_\_\_\_ on a scale of \_\_\_\_\_

Name of College/University planned to attend \_\_\_\_\_

Location of College/University/City/State: \_\_\_\_\_

Major and/or Career Goal \_\_\_\_\_

**Section III:**

Name of Parent(s)/Guardian(s) \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone™ \_\_\_\_\_

How many persons are in your household including yourself? \_\_\_\_\_

1) How many are minors? \_\_\_\_\_ 2) How many are in college? \_\_\_\_\_

**Section IV: (Use additional sheets if necessary)**

1) List and describe community/church activities

2) List work experience through high school

3) List personal interests/hobbies

**Section V: How will Scholarship funds be used:**

1) Tuition \_\_\_\_\_

2) Room & Board \_\_\_\_\_

3) Books \_\_\_\_\_

4) All of the above \_\_\_\_\_

# Omega Psi Phi Fraternity, Inc.

PSI XI Chapter

## Biographical Essay Form

Using the space below, please describe yourself in approximately 350 words or more, stating the personal qualities that you possess and consider necessary to be successful in your college major.

*Please type your response.*



The information I have provided on this application is true and complete to the best of my knowledge. I realize that any false statements or failure to provide all requested information could result in the disqualification of this application.

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Student Signature

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Date

**Omega Psi Phi Fraternity, Inc.**  
PSI XI Chapter  
**Biographical Essay Form (Continued)**



The information I have provided on this application is true and complete to the best of my knowledge. I realize that any false statements or failure to provide all requested information could result in the disqualification of this application.

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Student Signature

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Date

# Omega Psi Phi Fraternity, Inc.

PSI XI Chapter

## Scholarship Recommendation Form #1

Students Name: \_\_\_\_\_

Please provide information on the academic and personal qualifications of the above student.

Your comments **must be typed** and should be confined to the space provided below (Or you can use your own recommendation form). Recommendations must be returned on or before April 15, 2024.



\_\_\_\_\_

Name (Print)

\_\_\_\_\_

Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Daytime Telephone #

# Omega Psi Phi Fraternity, Inc.

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## Scholarship Recommendation Form #2

Students Name: \_\_\_\_\_

Please provide information on the academic and personal qualifications of the above student. Your comments **must be typed** and should be confined to the space provided below (Or you can use your own recommendation form). Recommendations must be returned on or before April 15, 2024.



\_\_\_\_\_

Name (Print)

\_\_\_\_\_

Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Daytime Telephone #

# Omega Psi Phi Fraternity, Inc.

PSI XI Chapter

## Scholarship Recommendation Form #3

Students Name: \_\_\_\_\_

Please provide information on the academic and personal qualifications of the above student.

Your comments **must be typed** and should be confined to the space provided below (Or you can use your own recommendation form). Recommendations must be returned on or before April 15, 2024.



\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Telephone #