



2026 Dr. Robert A. Scott Memorial Scholars Award Packet

Scholars Program Alert: Now Accepting Applications

The Dr. Robert A. Scott Memorial Scholars Program sponsored by Beta Pi Boule of Sigma Pi Phi Fraternity and Beta Pi Boule, Inc., is now accepting applications for college scholarships worth \$4,000.

To apply, a student must:

- Be an African American male.
- Have earned at least a 3.0 grade average or equivalent in high school.
- Be engaged in community service and/or extracurricular activities.
- Be accepted for admission to an accredited college or university.
- Plan to enroll in full-time undergraduate study at an accredited college or university for the entire current academic year.
- Agree to participate in an annual Scholars Program event and/or ongoing communication with the Boulé.

Upper Class Assistance Program

The Dr. Robert A. Scott Memorial Scholarship is a one-time only award; however, college students who received the award as a graduating high school senior, may re-apply competitively, through our Upper-Class Assistance Program, for a scholarship amount based on available funding, for up to three additional years or until completion of a bachelor's degree (whichever occurs first), provided students continue to meet eligibility criteria and participate in an Annual Scholars Program event and/or ongoing communication.

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Return Scholarship Application to: tony528i@verizon.net

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Scholars Program

About the Program

The Dr. Robert A. Scott Memorial Scholars Program provides scholarship support to selected students graduating from high schools in Southcentral Pennsylvania. Scholars who are selected must maintain a minimum cumulated GPA of a 3.0 or higher. They also must be an active participant in their school through extra-curricular activities and/or volunteer in their community.

Eligibility

Eligible students for this scholarship must:

- Be an African American male.
- Have earned at least a 3.0 grade average or equivalent in high school.
- Be engaged in community service and/or extracurricular activities.
- Be accepted for admission to an accredited college or university.
- Plan to enroll in full-time undergraduate study at an accredited college or university for the entire current academic year.
- Agree to participate in an annual Scholars Program event and/or ongoing communication with the Boulé.

Application Guidelines

Applications will be accepted **from January 1, 2026, through April 3, 2026**. The application package must consist of:

- Completed Scholars Program Student Application Form (signed by student and parent/legal guardian).
- Completed FAFSA Page Indicating the Amount of Financial Need.
- Completed Essay Question Form.
- Official High School Transcript.
- Supplemental Documents (letters of recommendation are welcome but not required).



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Completing the Application

Complete the **Student Application Form** online by:

- Downloading the Application into a Microsoft Word Document or Open with Google Docs (if available).
- Complete your Copy of the Application (typing in white sections only). *Save often!*
- Upon Completion, Print, Sign and Obtain Parent/Guardian Signature.

Handwritten and incomplete applications will not be accepted.

Return Scholarship Application Package

Email (no later than April 3, 2026) the application package to:

Chair-Scholars Selection Committee
Email: tony528i@verizon.net

Return Scholarship Application to: tony528i@verizon.net

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Scholars Program Student Application Form

Student

| | | | | | |
|---|--|------------------------|--|-----------------|--|
| Name (Last, First MI): | | | | | |
| Street Address: | | | | | |
| City/State/Zip: | | | | | |
| Email: | | | | | |
| Phone: (Home & Mobile) | | H: | | M: | |
| High School: | | | | | |
| Graduation Date: | | Cumulative GPA: | | SAT/ACT: | |
| Honors/Community Service/Extracurricular Activities: | | | | | |
| College/University I will attend: | | | | | |

Parent/Legal Guardian

| | | | | | |
|-----------------------------------|--|----|--|----|--|
| Name (Last, First MI): | | | | | |
| Street Address: | | | | | |
| City/State/Zip: | | | | | |
| Email: | | | | | |
| Phone: (Home & Mobile) | | H: | | M: | |

Signatures:

By signing below, I acknowledge that all information provided by the student in this application is true, complete, and accurate.

Student Signature

Date

Return Scholarship Application to: tony528i@verizon.net

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Parent/Guardian Signature

Date

Scholars Program **Essay Question**

Directions: Please answer the following question. The response should be 250 words or less and typed in a standard 12-point font. **AI generated essays will be disqualified.** Each page will **automatically** include your name and high school.

What motivates you to pursue your educational goals, and how will this scholarship support your success?

| | |
|---|--------------------------------------|
| Full Name: | <i>Replace with your name</i> |
| High School: | <i>Replace with your high school</i> |
| Type your response to the essay question in the space below. | |
| <i>Begin essay here.</i> | |