

OMEGAS OF ROCK HILL, INC.

PO Box 11165
Rock Hill, SC 29731
www.omegasofrockhill.org



The Omegas of Rock Hill in partnership with Omega Psi Phi Fraternity, Inc., Kappa Alpha Chapter of Rock Hill, SC is offering scholarships to male high school seniors that reside in and are homeschooled or attend high school in York and Chester Counties in South Carolina. Candidates must demonstrate scholastic achievement, community involvement, the ability to develop a sound essay submission, and be attending college in the Fall 2025. In addition to this criteria, financial need may also be considered as we seek to enable more students who may not have enough financial resources the ability to attain a collegiate education. We invite all qualified students to apply for this scholarship by following all the directions set out in both Part 1 and Part 2 of the application.

Applicants must complete the application and submit on or before Friday, May 2nd, 2025 in accordance with the directions below:

The application must include:

1. A completed application (responses to Part 1, sections A-F) which includes:
 - a. Part 1, sections A-D of the application
 - b. Current photo
 - c. Essay
 - d. A copy of a written notification or impending notification of acceptance from the college you will attend in the Fall of 2025
 - e. Reference Letter Form identifying who will be providing recommendations.
 - f. A current official high school transcript which includes a clear explanation of the school's grading scale/system. The transcript must be sent by your school to *Mr. Sean Cunningham, Omegas of Rock Hill, Inc., Scholarship Committee, PO Box 11165, Rock Hill, SC 29731* or emailed to KAChapterScholarshipCommittee@gmail.com.

When completed with Part 1, the candidate must save their MS word file as an Adobe PDF file, then email it along with their notice of acceptance or impending acceptance, also in PDF format to KAChapterScholarshipCommittee@gmail.com.

2. Part 2 of the application includes two (2) recommendations from your senior high school academic teacher(s) and/or guidance counselor. Candidates are advised to email Part 2 of the application to whomever will be providing them with a recommendation. Each letter must be signed and emailed in PDF format directly to KAChapterScholarshipCommittee@gmail.com.
3. Finalists will be notified and required to participate in an interview with our scholarship selection committee.
4. Scholarship awardees will be required to attend an awards reception on a date to be determined.

Again, **the completed application and ALL supportive material must be received on or before Friday, May 2nd, 2025.** Applications without attachments or supporting documents will be deemed incomplete and **will not** be considered. We look forward to receiving your submission.

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2025 Scholarship Application

Please be sure to complete all sections of this application and answer all questions. Responses must be typed unless otherwise indicated.

A. APPLICANT DATA

INSERT CURRENT PHOTO HERE

Last Name _____

First Name _____ MI _____

Permanent Home Address:

Apt # (if applicable) _____

City _____

State _____ Zip _____ Telephone _____

Email Address _____

Date of Birth (mm/dd/year) _____

Are you a U.S. Citizen? Yes _____ No _____

How many persons live in your household? _____

Name of High School you attend: _____

Have you applied for any financial aid? Yes _____ No _____

Colleges to which you have applied:

1.	3.
2.	4.

Name of college you will attend: _____

Intended major area(s) of study _____

Have you applied for or received any scholarships? Yes _____ No _____

Are either of your parents/legal guardians on Active Duty, in the Reserves, or are U.S. Armed Forces veteran(s)? Yes _____ No _____



Applicant's Name _____

B. PARENTAL/GUARDIAN DATA & CONSENT

Mother/Guardian Last Name _____ First _____

Father/Guardian Last Name _____ First _____

Home Address _____ Apt.# _____

City _____ State _____ Zip _____

Telephone _____ Email address _____

Is father living? Yes ___ No ___ Is mother living? Yes ___ No ___

Has either parent attended college? Yes ___ No ___

Number of children living at home: ___ Number in college ___

Will this be your first child to attend college? Yes ___ No ___

Mother/Guardian Occupation _____ Father/Guardian Occupation _____

Parental/Guardian Consent

*As the Parent(s) and/or Guardian(s) of the aforementioned named applicant who is submitting this application to the Omegas of Rock Hill and Omega Psi Phi Fraternity, Inc., Kappa Alpha Chapter of Rock Hill for consideration of an academic scholarship for collegiate study, I provide full consent for the information provided in this application and in other materials called for by this application to be electronically and/or otherwise transmitted to the Omegas of Rock Hill and Omega Psi Phi Fraternity, Inc., Kappa Alpha Chapter of Rock Hill. Further, I(we) shall hold harmless those organizations and persons responsible for handling and reviewing such information and acknowledge that selection of scholarship winners is at the sole discretion of the Omegas of Rock Hill and Omega Psi Phi Fraternity, Inc., Kappa Alpha Chapter of Rock Hill.
(Only one signature/date required and must be handwritten)*

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____

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Applicant Name _____

D. ESSAY CRITERIA

Using the space below, write a 500-word essay describing your ultimate career goals. Identify in your essay how you became interested in this career path, the resources you will need to achieve your goal, and the employment and educational steps you will take to achieve your final career goal.

Start Essay Here and continue on to the next page as needed but remain within word count. (Delete this text)



E. REFERENCE LETTER

Applicants are required to have two (2) letters of recommendations from senior high school teachers and/or guidance counselor(s) who are familiar with your classroom performance and participation in other activities. No letter from an employer, minister, friend, or family member will be accepted. **Parents may not provide a recommendation unless their child is being formally home schooled.** Your application will not be evaluated if both of your letters are not submitted on your behalf.

The writers of these recommendation letters must email them directly to the following address: KChapterScholarshipCommittee@gmail.com. **ALL references must be received on or before Friday, May 2nd, 2024.** Applicants must enter the name and position of the person you have selected to write the recommendation below and email your teacher(s) and/or guidance counselor Part 2 of the application for their completion

Name: _____

Position _____

Name: _____

Position _____