

Xi Omicron Chapter
Of
Omega Psi Phi Fraternity, Incorporated

John. L. Cashin, Sr. Scholarship Criteria

The criteria for selecting recipients for the John L. Cashin, Sr. Scholarship awarded to freshmen entering college for the first time shall be as follows:

1. The applicant **MUST** be a citizen of the United States of America.
2. The applicant **MUST** complete all parts of the application and insure that all materials supporting his/her application are returned or postmarked by April 7, 2023 .
3. The applicant **MUST** score no less than 15 on the ACT or equivalent score on SAT.
4. The application **MUST** have no less than a 3.0/4.0 scale average upon graduation.
5. In order for an application to be complete, the applicant **MUST** include:
 - a. *One (1) letter of recommendation from a High School teacher or counselor*
 - b. *Three (3) letters of recommendation from unrelated persons*
 - c. *Official Sealed High School transcript.*
6. Scholarships will be awarded based upon need:
 - a. Limited or NO financial support from the family.
 - b. Limited or NO educational scholarship commitments.
 - c. Limited or NO educational grant commitments.
 - d. Limited or NO work-study commitments.
 - e. Any combination of the above, etc.

**Xi Omicron Chapter
Omega Psi Phi Fraternity, Inc.
Huntsville, AL. 35814**

Scholarship Application

(Instructions for completion of application)

1. All blanks **MUST** be completed. If non-applicable write N/A.
2. Application **MUST** be signed and dated.
3. Applicant should be prepared to verify family income and other financial aid upon request.

Date _____

Name _____ Date of Birth _____

Are you an American Citizen? Yes _____ No _____

Home Address _____

Zip Code _____ Phone No. _____

Major/Minor _____

Parent or Guardian Name and Address

Mother _____

Father _____

Guardian _____

Parent(s) e-mail address _____

Parent(s) Phone Number: _____

Parent or guardian and Annual Income

Mother/Guardian _____ \$ _____

Father/Guardian _____ \$ _____

Number of school-age children in the home _____

Please list financial aid other than family support awarded. Examples: Scholarship, Grants, Work Study commitments, etc.

1. _____ 3. _____

2. _____ 4. _____

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Scholarship Application
(con't)

In what extracurricular and community affairs have you been especially active?

1. _____ 3. _____
2. _____ 4. _____

Number of students in Graduating Class? _____

How do you Rank in the Class?

Upper 5% _____ Upper 10% _____ Upper 25% _____

Please provide on the attached form an essay (minimum 300 words) describing your goals and future career plans.

Fall Semester _____ Spring Semester _____ Summer Semester _____

Scholarship will be credited to the student account when the student is admitted to a College or university of their choice.

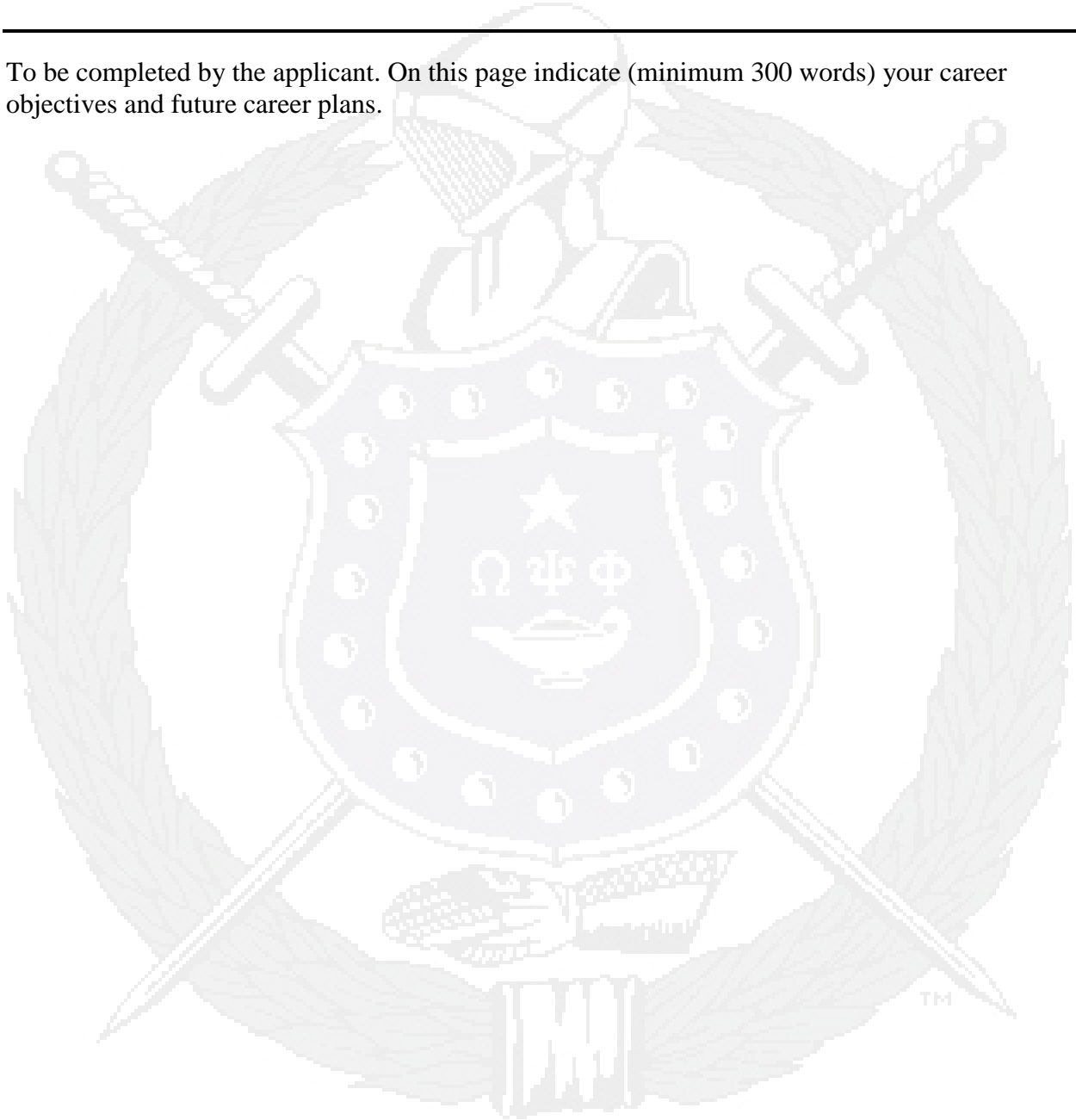
**PLEASE ENSURE APPLICATION IS COMPLETE AND ACCURATE.
THE DEADLINE FOR SUBMITTING APPLICATION IS MARCH 27TH.**

*TO: Scholarship Committee, Chairman
Xi Omicron Chapter
Omega Psi Phi Fraternity, Inc.
P.O. Box 5193
Huntsville, AL. 35814*

Xi Omicron Chapter
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Scholarship Applicant Career Statement
(page 1)

To be completed by the applicant. On this page indicate (minimum 300 words) your career objectives and future career plans.



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Scholarship Applicant Career Statement
(page 2)



**Xi Omicron Chapter
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Huntsville, AL. 35814**

Teacher/Counselor Report

Teacher/Counselor:

The student named below has applied for a Scholarship from Xi Omicron Chapter of Omega Psi Phi Fraternity, Inc. The Grants offered are quite liberal in size in relationship to costs at many Institutions. However, the number of Grants must be limited. Will you assist us in our selection of recipients of Grants by giving us the information suggested below? In addition, we appreciate your writing in the comment section and statement that you would consider appropriate. All information that you give will be treated in a strictly confidential manner. Please include an up-to-date transcript of the applicant's high school credits.

Name of Applicant _____

College _____

College Address _____

Zip Code _____

What is the applicant's individual rank (exact or appropriate) in his or her class?

Upper 5% _____

Upper 10% _____

Upper 25% _____

How would you rank the applicant's chances for scholastic success in an educational program in which standards are constantly becoming more demanding?

PLEASE CHECK ONE

Outstanding _____ Excellent _____ Good _____ Fair _____ Poor _____

How would you rank the applicant's will to excel scholastically his/her drive?

Outstanding _____ Excellent _____ Good _____ Fair _____ Poor _____

Additional Comments:

Signature _____

Position _____

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Scholarship Applicant

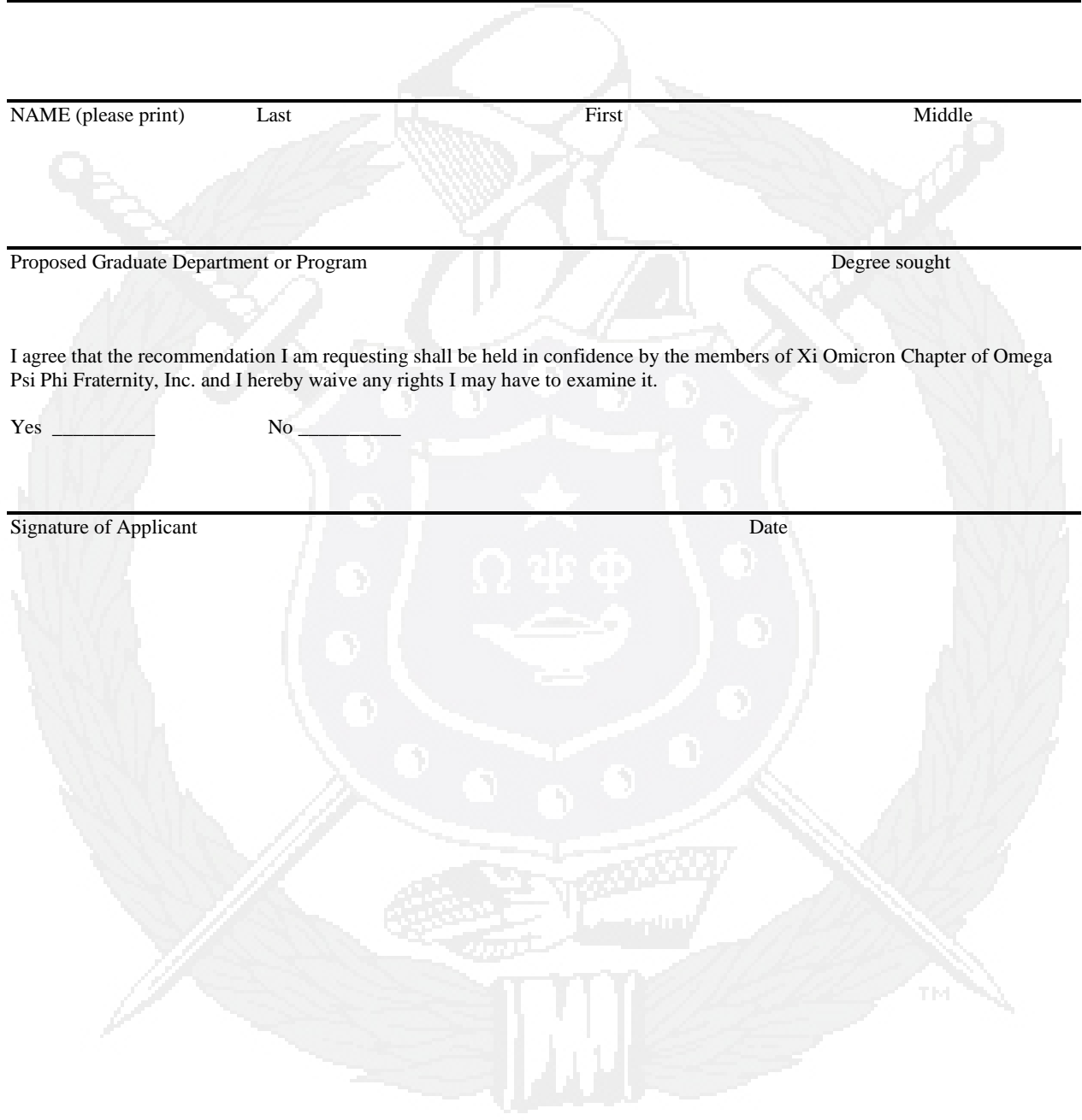
NAME (please print) Last First Middle

Proposed Graduate Department or Program Degree sought

I agree that the recommendation I am requesting shall be held in confidence by the members of Xi Omicron Chapter of Omega Psi Phi Fraternity, Inc. and I hereby waive any rights I may have to examine it.

Yes _____ No _____

Signature of Applicant Date



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Recommendation Letter

How long and in what capacity have you known the applicant?



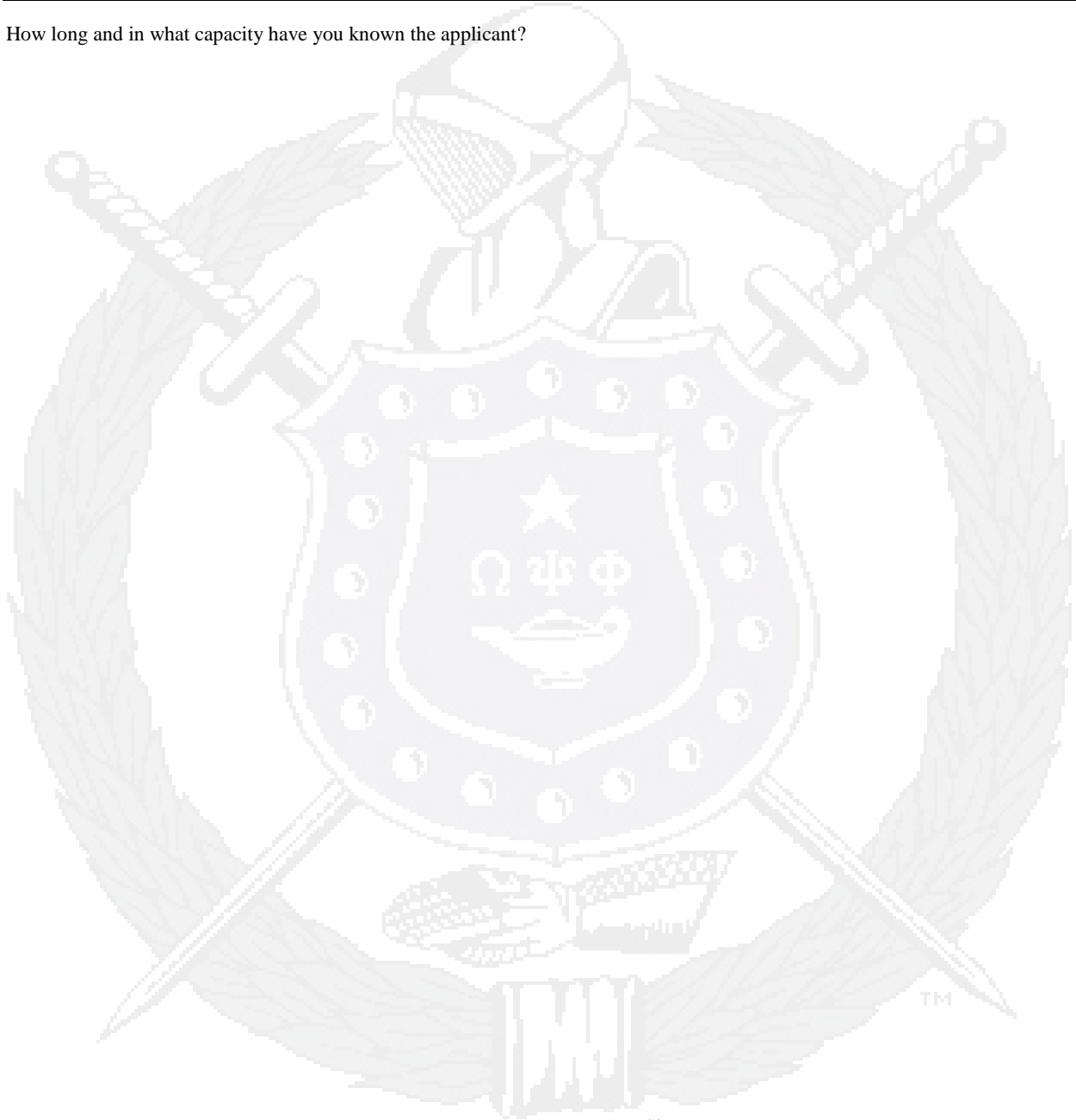
Signature _____

We would appreciate your assessment of the applicant's scholarship, personality, character, and professional promise. Please include in the statement an assessment of the strengths and weaknesses. If additional space is needed, please feel free to use a separate sheet of paper.

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Signature _____

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Scholarship Applicant Check List

- 1. Scholarship Application**
- 2. A Teacher/Counselor Letter of Recommendation**
- 3. Three (3) Recommendation Forms**
- 4. Official Sealed High School Transcript**

