

**ETA NU Education Foundation
Scholarship Application**

2025



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FRATERNITY INC.



Basileus:

Mr. Rodney Hankins Jr.

Scholarship Chairman:

Mr. Steve Rozier

Mailing Address:

P.O. Box 547
Pompano Beach, FL 33061

ETA NU EDUCATION FOUNDATION



MANHOOD
SCHOLARSHIP

Omega Psi Phi Fraternity, Inc. Edgar P. Mills Memorial Scholarship



PERSEVERANCE
UPLIFT

Description and Requirements

1. Awards ranging from five hundred to one thousand dollars (\$500-\$1000) will be awarded to graduating high school seniors selected by the ENEF committee. Applicants must have attended high school in Broward County for three years.
2. The announcement of Scholarship winners will be made at their respected High School Awards ceremonies. Please provide the date and time for this event on page three of the application.
3. Each applicant must provide the following before being considered:
 - (a) Complete the Edgar P. Mills scholarship application.
 - (b) Copy of official high school transcript.
 - (c) Two letters of recommendation. Teachers, Administrators, Pastors and or Community groups.
 - (d) Documentation of active involvement in community service and/or extra-curricular activities, such as social clubs, civic groups, sports, or vocational activities not necessarily directly related to school functions.
 - (e) Write a 700-750 words essay on: **What factors are most important for a student to be successful in their Post Graduate Life?** The essay must be original and neither previously published nor secured by copyright. Essay must be typed and double spaced.
 - (f) Financial student aid report.
 - (g) Include senior picture with application.

APPLICATIONS MUST BE RECEIVED BY MARCH 31, 2025

*****SPECIAL NOTICE*****

1. The **applicant** must provide Omega Psi Phi Fraternity with a copy of the paid receipt of enrollment on or before September 30, 2025. Upon receipt of this documentation, Eta Nu Education Foundation will promptly send the recipient a check in the amount equal to the total scholarship award.
2. **Scholarship recipients will be selected at the sole discretion of the Eta Nu Chapter, Omega Psi Phi Fraternity, Inc. and its scholarship evaluation criteria.**

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SCHOLARSHIP APPLICATION

STUDENT'S NAME: _____ DATE ___/___/___

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: (____) _____

MOTHER: _____ OCCUPATION: _____ EMPLOYED BY: _____

ADDRESS if different from applicant: _____

FATHER: _____ OCCUPATION: _____ EMPLOYED BY: _____

ADDRESS if different from applicant: _____

HOUSEHOLD INCOME _____ Provide proof of income (tax return, check stub, etc.)

NUMBER OF MINOR CHILDREN LIVING AT HOME: _____ AGES: _____

NUMBER OF CHILDREN ATTENDING COLLEGE: _____ AGES: _____

NAME OF HIGH SCHOOL: _____

NAME OF YOUR GUIDANCE OR BRACE COUNSELOR: _____

GPA: SENIOR YEAR _____ CUMMULATIVE GPA _____

LEADERSHIP ACTIVITIES:

ACADEMIC ACHIEVEMENTS/INTERESTS:

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SCHOLARSHIP APPLICATION

INDICATE ANY SPECIAL CIRCUMSTANCES TO BE CONSIDERED IN EVALUATING YOUR APPLICATION:

LONG RANGE CAREER GOALS (PLEASE BE SPECIFIC):

TOTAL NUMBER OF COMMUNITY SERVICE HOURS PERFORMED. (Minimum of 100 hours required) _____

NAME OF ORGANIZATION (S), AND TYPE OF COMMUNITY SERVICE (S) RENDERED:

I authorize the Eta Nu Chapter of Omega Psi Phi Fraternity to verify the financial and academic information provided in this application for the purpose of determining scholarship eligibility.

I agree that, in accepting the Omega Psi Phi Fraternity, Inc. Scholarship, I will abide by the restrictions set forth. I agree to allow information pertaining to grades and enrollment be released to Omega Psi Phi Fraternity, Inc. Eta Nu Chapter, P.O. Box 547, Pompano Beach, FL 33060.

Applicant's Signature

Date ____/____/____

Deadline for Application: 3/31/2025

Parent's Signature

Date ____/____/____

School Award Night Date: ____/____/____