

# 71

Upsilon Tau Chapter Scholarship Application



Return to: Upsilon Tau Chapter of Omega Psi Phi Fraternity, Inc.  
P0 Box 2086  
Poughkeepsie, New York 12601

RETURN TO YOUR COUNSELOR BY 3/12/10

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_

School \_\_\_\_\_

Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Grade: \_\_\_\_\_ Grade Point Average \_\_\_\_\_ Class Rank \_\_\_\_\_

- ATTACH: 1. A COPY OF YOUR TRANSCRIPT  
 2. TWO LETTERS OF RECOMMENDATIONS FROM TEACHERS

Parent(s) or Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Are You Employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many hours per week? \_\_\_\_\_

Type of Employment: \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING SECTIONS: Use additional paper if necessary.

A. List all colleges you have applied to or intend to apply to:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_



