



# OMEGA PSI PHI FRATERNITY, INCORPORATED

## KAPPA ALPHA ALPHA CHAPTER

### **2024 Book Scholarship Application**

The Kappa Alpha Alpha Chapter of Omega Psi Phi Fraternity, Inc. awards book scholarships to assist the children of eligible Brothers. After reviewing the qualifications below, if you are eligible, please submit an application for your son/daughter.

#### **Qualifications:**

- Son/Daughter of a Brother of the Kappa Alpha Alpha chapter of Omega Psi Phi Fraternity.
- Brother must have been financial for the past 2 years or eligible when he entered Omega Chapter.
- Son/Daughter must be pursuing a baccalaureate degree from an accredited college or university.

Please complete the application and submit it no later than May 24, 2024.

Application should be emailed to: [victorjones@csnfilms.com](mailto:victorjones@csnfilms.com) or postmarked and mailed by 5/24/24:

Omega Psi Fraternity, Inc.  
Kappa Alpha Alpha Chapter  
Attn: Scholarship Committee Chairman  
P.O. Box 360260  
Decatur, GA 30036

OMEGA PSI PHI FRATERNITY, INCORPORATED

Kappa Alpha Alpha Chapter  
2024 Book Scholarship Application

**(PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION)**

Full Name \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name and Address of High School: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

College or University You plan to Attend:

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

Area of Study: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Telephone Number: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Father's Signature)

\_\_\_\_\_  
(Date)