

FRIENDSHIP IS ESSENTIAL TO THE SOUL



Omega Psi Phi Fraternity, Inc

Epsilon Phi Chapter



P.O. Box 17123 Memphis, TN 38187
152 E. McKellar Ave Memphis, TN 38104

Eligibility

High school seniors in Shelby County Public or Private Schools meeting the following criteria:

- Seeking acceptance or already accepted to a four-year college or university.
- Has a cumulative GPA of 3.0 or more on a 4.0 scale
- Be a graduating high school senior.
- Complete an in-person interview.
- At least 4 documented hours of community service.
- Complete Scholarship Application with all required documents. **Must be received by April 17, 2026. Awardees will be notified by May 15, 2026.**

Application Packet

- Application Form
- Official high school transcript (**with the school's raised seal**)
- Proof of SAT/ACT scores
- Two signed letters of recommendation from teachers or school administrator
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DEADLINE:

All materials must be emailed to Ephischolarship@gmail.com April 17, 2026.

ACADEMIC INFORMATION

Name _____

Address _____

City, State Zip _____ SSN# _____

Home Phone _____ Age _____

School _____

Address _____

Counselor _____ Phone _____

Cumulative GPA _____ ACT/SAT Score _____

United States Citizen: Yes _____ No _____

List all community service, student honors, and extra-curricular activities you participate in (include all student clubs, dates, and positions held during your high school years). Include an additional sheet if needed.

HOUSEHOLD INFORMATION

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

Total # of People in Household _____

Ages of Kids in Household _____

Colleges/Universities Applied and/or Accepted

1) _____ Accepted? Y/N _____

- 2) _____ Accepted? Y/N _____
3) _____ Accepted? Y/N _____
4) _____ Accepted? Y/N _____

Financial Aid Offered or Awarded (IF APPLICABLE)

Grants: \$ _____ Organization: _____

Work Study: \$ _____ Organization: _____

Scholarships: \$ _____ Organization: _____

By signing below, I affirm that the information and supporting documents I have provided in this application packet is true and correct. I fully understand that it is my responsibility to notify Epsilon Phi Chapter of Omega Psi Phi fraternity of any changes to the attached information that would affect my eligibility for this scholarship. I further understand that should I win a scholarship from Epsilon Phi Chapter; it is my responsibility to provide proof of my college enrollment to the chapter on or before May 15, 2026. Epsilon Phi also has my permission to publish my name and image as an Omega Psi Phi Scholarship Recipient.

Applicant _____ Date _____

Parent _____ Date _____

Return this Application and all requested documents on or by April 17, 2026 to:

Scholarship Committee

Omega Psi Phi Fraternity, Inc- Epsilon Phi Chapter

Email: Ephischolarship@gmail.com