



OMEGA PSI PHI FRATERNITY, INCORPORATED  
KAPPA ALPHA ALPHA CHAPTER

**2026 Scholarship Application**

The Kappa Alpha Alpha Chapter of Omega Psi Phi Fraternity, Inc. is seeking applicants for its annual scholarship program. Each year the chapter awards scholarships to deserving DeKalb County High School male seniors.

**Qualifications:**

- Graduating male from a DeKalb County public schools.
- Pursuing a baccalaureate degree from an accredited college or university.
- Must be a U.S. Citizen.
- Minimum GPA – 2.5.
- Must not be the recipient of a full scholarship.

Please complete the application and submit it no later than May 23, 2026. Incomplete applications will not be considered.

*In addition to the application, please include the following supporting materials:*

- An official transcript that includes Fall 2025 grades.
- A current photo.
- Two (2) letters of recommendation addressing your character and ability to achieve academically in college. One letter should be from one of the applicant's high school teachers or adult mentors. (Not to exceed one and half page typed page).
- An essay outlining your educational and vocational goals. (Essays should be no more than two pages).

Applications should be mailed to:

Omega Psi Fraternity, Inc.

Kappa Alpha Alpha Chapter

Attn: Scholarship Committee Chairman

P.O. Box 360260

Decatur, GA 30036

Applications can also be emailed to [info@omega-kaa.org](mailto:info@omega-kaa.org).

Scholarship recipients will be selected based on an evaluation of scholastic achievements, community involvement, extracurricular activity, and their face-to-face interview.

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2026 Scholarship Application

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

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

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

\_\_\_\_\_

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

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

Are you a U.S. Citizen? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone Number of High School Counselor:

\_\_\_\_\_

\_\_\_\_\_

College or University You plan to Attend:

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

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

Area of Study:

\_\_\_\_\_

List Academic Honors, Awards, and Scholarships that you received:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you know a member of Omega Psi Phi Fraternity, Inc.? \_\_\_\_\_

Name(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your participation in Project and Activities related to church,  
community or school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What factors, if any, should be taken into consideration in evaluating your academic  
record? (Example: job work schedule, illness, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent(s)/Legal Guardian Name(s):  
\_\_\_\_\_

Parent(s)/Legal Guardian Telephone Number:  
\_\_\_\_\_

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE  
INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND  
COMPLETE. I UNDERSTAND THAT FAILURE TO PROVIDE CORRECT  
INFORMATION WILL REVOKE ANY AWARD I MAY RECEIVE.

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

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

\_\_\_\_\_  
(Parent/guardian Signature)

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