



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.

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:

1st Choice: _____

2nd 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)