

Founded November 17, 1911

Incorporated October 28, 1914

FOUNDERS



DOCTOR
Oscar J Cooper
(Deceased)



DOCTOR
Ernest E. Just
(Deceased)



PROFESSOR
Frank Coleman
(Deceased)



BISHOP
Edgar A. Love
(Deceased)

SIGMA TAU COMMUNITY UPLIFT FOUNDATION
Scholarship Application (2020-2021)
(All information must be typed)

Please attach a recent photograph

Applications must be submitted (by email or postmarked) by: FRIDAY - APRIL 30, 2021

Mail completed application to:

Sigma Tau Community Uplift Foundation
Attn: James Brown / Cornelius Wright
PO Box 6491
El Paso, TX 79906

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Email completed application to: **jbrown@sigmatau-oppf.org**

Part I. PERSONAL INFORMATION

1. Name of Applicant:

_____ (Last) (First) (Middle)

2. Permanent Home Address:

_____ (Number, Street or P.O. Box) (City) (State) (Zip)

3. Age: _____

Date of Birth: _____

Phone: _____

E-Mail: _____

Part II. PARENTAL INFORMATION

4. Father's Name: _____
(Last) (First) (MI)
5. Mother's Name: _____
(Last) (First) (MI)

Part III. ACADEMIC INFORMATION

6. Name of High School: _____ Graduation Date: _____
7. College or University you plan to attend: _____ Date: _____
8. Proposed Field of Study: _____ Occupational Goal: _____

Part IV: FAMILY DEMOGRAPHICS

9. Father's Occupation: _____
10. Mother's Occupation: _____
11. Annual Household Income: _____
12. How many dependents reside with your family? _____
13. How much will your family be able to contribute to your education? _____
14. Do you currently have a job? _____
15. Do you plan to seek work upon enrollment in college? Yes: No:

Part V: ACADEMICS

This information will be verified from school transcripts, SAT, ACT Transcripts

16. Student's grade point average: _____
17. Rank in class: _____ Number in graduating class: _____
18. SAT Score Verbal: _____ Math: _____ Writing: _____ and/or ACT Score: _____
(Transcript is required for verification)

Part VI: REFERENCES

19. List the names, occupation, phone number, and email address of three persons you are using for references:

Name: _____
(LAST) (FIRST) (MI)

Occupation: _____ Phone Number: _____ Email Address: _____

Name: _____
(LAST) (FIRST) (MI)

Occupation: _____ Phone Number: _____ Email Address: _____

COMPLETED APPLICATION CHECKLIST

Before sending your packet, please place a check mark next to the numbered item below to indicate that you have reviewed your packet and that the appropriate items are included:

- 1. Completed, signed and dated Scholarship Application Form (with a recent photo)
- 2. Three letters of reference (one must be from a teacher/faculty member at current high school)
- 3. Essay completed (minimum of 500 words and no more than 600 words)
- 4. Copy of school transcripts
- 5. Copy of SAT/ACT scores
- 6. CV/Resume to include list of extra-curricular activities and community service

The information provided in my application packet is, to the best of my knowledge, complete and accurate. I understand that any false statements in this application may disqualify me from consideration of this scholarship award.

Applicant's Signature: _____

Parent(s) Signature: _____

Date: _____

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Attn: James Brown / Cornelius Wright
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Please email to jbrown@sigmatau-oppf.org

Thank you for your interest in the 2020-2021 Scholarship Program of the Sigma Tau Community Uplift Foundation. If you have any questions about this process, please call or email the below:

Chairman: James Brown (915) 474-0303
Co-Chair: Cornelius Wright (915) 494-4497

Email:

jbrown@sigmatauoppf.org

I, the undersigned, as Parent or Guardian of _____ (*insert full name of scholarship applicant*), declare that the Scholarship essay authored and submitted by him(her) to the Sigma Tau Chapter of Omega Psi Phi Fraternity, Inc. for purposes of consideration in its High School Scholarship Contest. I hereby grant to Sigma Tau Chapter of Omega Psi Phi Fraternity a non-exclusive right to publish said work for distribution to members and the public for the purposes of advertising or publicizing the Scholarship and any winners. Distribution may include and not be limited to print, oral or web based, internet distribution.

I, further acknowledge that I have been apprised of the Fraternity's policy relating to its use of the essay submitted by participants at the time of application submission. The Scholarship Application document states:

Persons submitting scholarship applications hereby grant to the Sigma Tau Chapter of Omega Psi Phi Fraternity, Inc. a non-exclusive right to keep scholarship essay's and to publish them for the purpose of advertising and publicizing the Scholarship Contest to members and the general public.

I hereby grant to the Sigma Tau Chapter of Omega Psi Phi Fraternity, Inc. an irrevocable, worldwide license to use, reproduce, distribute, or modify the article in its entirety or portions thereof.

I also declare that if any parts of my child's submission are copyrighted, permission has been sought and received by us, or appropriate attribution has been made.

I further agree that the name, likeness, and biographical material, including affiliations of the author, may be used in connection with, and promotion of, the Scholarship Contest itself.

Parent or Guardian (Print Name)_____

Telephone:_____

Address: (Street)_____ (CITY)_____

(State)_____ (Zip) _____

E-mail: _____

(Parent/Guardian Signature):_____ Date:_____