

Application of:

Last Name First Name MI

Mailing Address

City State Zip Code

Email Address

(Area Code) Telephone Number

PHI BETA SIGMA FRATERNITY, INC.
OMICRON SIGMA CHAPTER

KENDALL BECK SCHOLARSHIP
APPLICATION



Phi Beta Sigma Fraternity, Inc.
Omicron Sigma Chapter
P. O. Box 295381
Lewisville, TX 75029

All scholarships are a one-time award. The scholarships will be awarded to graduating high school seniors in the amount of \$1000.00 each.

Eligibility Criteria

- A. High School graduating senior
- B. Minimum GPA of a 3.0 on a 4.0 scale (or converted equivalent for 5.0 or 6.0 scales)
- C. Must be a resident of Dallas, Collin, Denton or Tarrant counties
- D. Must be applying to a college with a fall matriculation date

Deadline for Submission

All entries must be postmarked no later than **Monday, April 6, 2019.**

Application Requirements

- A. Completed application
- B. Official Transcripts
- C. 3 X 5 headshot photo
- D. **Two letters** of recommendation; one that speaks to your leadership qualities and experiences and one that speaks to your community service experiences (Neither recommendation letter may come from a parent or guardian)
- E. Signed media waiver to use image for Phi Beta Sigma press releases and stories

Method of Selection

- A. All applications are reviewed by the Kendall Beck scholarship committee.
- B. Scholarships will be given to students based upon the total rubric score. (A rubric is attached to the application for perusal.)

Method of Scholarship Distribution

All scholarship winners must be present at the Kendall Beck Scholarship Luncheon in May 2019. You will be notified of the exact date of the luncheon as a part of the selection process. All scholarship recipients must submit all requests for scholarship disbursement by requesting the school registrar (on school letterhead) to send proof of enrollment status to the organization mailing address. All requests should be postmarked no later than Monday October 15, 2019, showing fulltime fall enrollment. **If proof of enrollment is not received by Monday October 22, 2019, the scholarship will be forfeited.** Scholarship checks will be dispersed by the first week of November 2019.



PHI BETA SIGMA FRATERNITY, INC.
Omicron Sigma Chapter (Greater North Dallas)

Dear Applicant:

We would like to thank you for your interest in the Phi Beta Sigma, Omicron Sigma Kendall Beck scholarship. The requirements of the scholarship are as follows:

1. Must be a student living in the Dallas, Denton, Collin, or Tarrant Counties
2. Must be a minimum 3.0 GPA on a 4.0 scale (or converted equivalent for 5.0 or 6.0 scales)
3. Must be a high school graduating senior

In addition to the aforementioned requirements, all applicants must provide a one-page essay response to the question provided at the end of the application. In addition, all applicants must also provide **two** letters of recommendation with one speaking to each of the following categories (Neither recommendation letter may come from a parent or guardian):

- a. Leadership qualities and experiences
- b. Community service experiences

After you have completed the application, utilize the checklist to make sure that all necessary documents arrive as a single package. We look forward to your application and wish you the best of luck and continued success in your future endeavors.

Warmest Regards,

Craig Bankhead
Phi Beta Sigma Fraternity, Inc.
Omicron Sigma- Director of Education
Greater North Dallas, TX



PHI BETA SIGMA FRATERNITY, INC.
Omicron Sigma Chapter (Greater North Dallas)

Scholarship Application

Name

Last Name First Name Middle Name

Date of Birth

Address

Street

City State Zip Code

Email Address

Parent Information

Mother

Last Name First Name

Address

Street

City State Zip Code

Email Address

Father

Last Name First Name

Address

Street

City State Zip Code

Email Address

High School Information

Name _____ **District** _____

Address _____ **Telephone** _____

Class Rank _____ **Total in Graduating Class** _____

Confirmed By (Name, title) _____ Signature _____

Intended College/University _____

Intended Major _____

Please list any civic or community based organizational involvements and dates. (You may attach a resume with this information)

Please list any extracurricular activities and dates of involvement (You may attach a resume with this information)

Awards/Recognitions and Dates (You may attach a resume with this information)

Please attach a one-page response to the essay prompt listed below. Please double-space your submission and do not use a font larger than 12pt.

Tell us about a challenge you have faced/facing and how you overcame/overcoming that challenge?

Please utilize the following checklist to ensure that you have completed the application in its entirety.

_____ Completed application

_____ Official Transcripts

_____ Attached Essay

_____ Verification of GPA and class rank

_____ 2 letters of recommendation

_____ 3 X 5 headshot photo



PHI BETA SIGMA FRATERNITY, INC.
Omicron Sigma Chapter (Greater North Dallas)

Media Release Form

I grant permission to Phi Beta Sigma Fraternity, Incorporated – Omicron Sigma Chapter to use my image (photographs and/or video) for use in Phi Beta Sigma Fraternity, Incorporated – Omicron Sigma Chapter publications including videos, email blasts, recruiting brochures, newsletters, and magazines and to use my image in electronic versions of the same publications or in the Phi Beta Sigma Fraternity, Incorporated – Omicron Sigma Chapter website or other electronic forms of media.

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please check the paragraph below which is applicable to your present situation:

_____ I am 18 years of age or older and I am competent to the contract in my own name. I have read this release before signing below and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ I am the parent or legal guardian of the below named child. I have read this release before signing below and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Name (please print): _____

Address: _____

Signature: _____

Date: _____

Signature of parent or legal guardian (If student is under 20 years of age): _____
