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**Beta Kappa Kappa Chapter**

**of**

**Omega Psi Phi Fraternity, Inc.**

**ELIGIBILITY CRITERIA FOR the BKK STACY M. BROWN MEMORIAL SCHOLARSHIP**

**2023–2024 SCHOOL YEAR**

**To be eligible for the BKK-STACY M. BROWN MEMORIAL SCHOLARSHIP, the applicant must:**

1. Attend a high school in the Greater High Point Area
2. Be a resident of North Carolina
3. Plan to graduate from high school in the Fall of 2023 or Spring of 2024
4. Have a cumulative GPA (Grade Point Average) of 2.5 or better on a 4-point scale
5. Be a deserving high school senior African American ***male or female*** student who has been accepted for full-time study at an accredited two-year or four-year college or university

**Note:** The applicants may select any area of study. Three scholarships will be awarded in late May in the amounts of $2,500, $1,500, and $1,000 each. Presentation of scholarships will be at Senior Awards Day whenever possible or at a date to be determined. **Actual release of funds will require proof of enrollment.**

**Candidates must adhere to the following criteria to be considered for the scholarship:**

1. Complete and submit the scholarship application form.
2. Submit a one-page personal letter explaining why you wish to pursue your selected field of study and why you should be considered for this scholarship.
3. Provide a copy of your college acceptance letter.
4. Provide two letters of recommendation. At least one letter should be from your Counselor, Teacher or Principal.
5. Provide a copy of your SAT or ACT scores. (2023/2024 Graduates are EXEMPT)
6. Provide an official school transcript (electronic or hard copy).
7. Send the application form and other required documents to the following address by **April 12, 2024:**

**Scholarship Committee**

**Email to Scholarship Committee****bkkques1994@****gmail.com**

**Or**

**Beta Kappa Kappa Chapter of**

**Omega Psi Phi Fraternity, Inc.**

**Attention: Scholarship Committee**

**P.O. BOX 583**

**High Point, NC 27261**

**(Note: Must be postmarked by April 12, 2024)**

Please ensure that your application contains all above information. Candidates who do not meet all the eligibility criteria or who do not provide all requested application documents **will be** **disqualified.** Neatnesswill be a criterion during the evaluation of your application.

**Beta Kappa Kappa Chapter**

**of**

**Omega Psi Phi Fraternity, Inc.**

**STACY M. BROWN MEMORIAL SCHOLARSHIP APPLICATION**

**2023-2024 School Year**



**Date**: Click or tap to enter a date.

**First Name**: Click or tap here to enter text. **Last Name**: Click or tap here to enter text.

**Address**: Click or tap here to enter text. **City**: Click or tap here to enter text.

**State**: Click or tap here to enter text. **Zip**: Click or tap here to enter text.

**Home Phone**: Click or tap here to enter text. **Cell Phone**: Click or tap here to enter text.

**High School**: Click or tap here to enter text.

**Sex**: Click or tap here to enter text. **Race**: Click or tap here to enter text.

**Parent(s)/Guardian(s) Name**: Click or tap here to enter text.

**Planned College Major:** Click or tap here to enter text.

**Scholastic Achievements**

**Weighted GPA**: Click or tap here to enter text. **Unweighted GPA**: Click or tap here to enter text.

**Scholastic Honors (Honor Societies, Awards, etc.)**:

Click or tap here to enter text.

**School Activities (Clubs, Sports, etc.)**:

Click or tap here to enter text.

**Community Involvement Activities (Church, Volunteering, Organizations, etc.)**:

Click or tap here to enter text.

**Please provide a statement regarding your financial need for this scholarship**:

Click or tap here to enter text.

**Employment (include full-time, part-time, co-operative, intern, and/or summer work)**

**Employer**: Click or tap here to enter text. **Employer**: Click or tap here to enter text.

**Position**: Click or tap here to enter text. **Position**: Click or tap here to enter text.

**Dates**: Click or tap here to enter text. **Dates**: Click or tap here to enter text.

**Employer**: Click or tap here to enter text. **Employer**: Click or tap here to enter text.

**Position**: Click or tap here to enter text. **Position**: Click or tap here to enter text.

**Dates**: Click or tap here to enter text. **Dates**: Click or tap here to enter text.

**References**:

**Name**: Click or tap here to enter text.

**Title**: Click or tap here to enter text.

**Telephone Number**: Click or tap here to enter text.

**Name**: Click or tap here to enter text.

**Title**: Click or tap here to enter text.

**Telephone Number**: Click or tap here to enter text.

By signing this application, I authorize The Beta Kappa Kappa Chapter of the Omega Psi Phi Fraternity, Inc. to verify the information herein provided and I agree to hold them harmless for any claims of liability resulting from these verifications. I indicate my awareness that false statements may disqualify me from consideration.

**Signature**: **Date**:

**One Page Personal Letter**

**Submit a one-page personal letter explaining why you wish to pursue your selected field of study and why you should be considered for this scholarship.**

Click or tap here to enter text.