

The ESSENTIAL FRIENDSHIP FOUNDATION
Dr. Ronald E. McNair Memorial Scholarship Application and Guidelines

The **Essential Friendship Foundation (EFF)** is a non-profit organization and an affiliate of Rho Beta Beta Chapter of Omega Psi Phi Fraternity, Inc. Each year the EFF provides scholarship opportunities, through the Dr. Ronald E. McNair Memorial Scholarship, to worthy graduating high school seniors who reside in the Houston metropolitan area.

Eligibility Criteria:

- Applicant must be a resident of the Greater Houston Metropolitan area
- Applicant must be a graduating student of local high school
- Applicant must have applied to an accredited college/university
- Applicant must enroll directly

Application Process:

- Completed TYPED application form
- Passport Photo
- An Official High School Transcripts
- A copy of your Official ACT and/or SAT Scores
- Two letters of recommendations (One academic and one non-academic)
- A short essay (500 words or less) addressing the following:
 1. Why you should receive a Dr. Ronald E. McNair Memorial Scholarship
 2. Any additional information which may assist the selection committee.

Selection Criteria:

- Overall GPA
- ACT/SAT Scores
- Essay (Content and Quality)
- Leadership and Extracurricular Activities

Award:

The amount of this scholarship will be determined by the funds allocated by Essential Friendship Foundation, the academic credentials of the applicant, and the applicant's placement in relation to

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other scholarship applicants. Awards will be conferred to recipients upon proof of enrollment in an accredited college or university.

To be considered for the Dr. Roland E. McNair Memorial Scholarship, this application must be postmarked no later than April 28, 2019 and returned to: Essential Friendship Foundation Scholarship Committee, P.O. Box 396, Houston, TX 77001-0396

I) PERSONAL INFORMATION

Applicant's Name: _____ Phone: _____
Last First M.I.

Address: _____
Street City State Zip

Date of Birth: _____ Sex: M F Email: _____

II) FAMILY INFORMATION

Father: _____
Name Occupation

Address: _____
Street City State Zip

Home Phone: _____
Zip E-Mail

Mother: _____
Name Occupation

Address: _____
Street City State Zip

Home Phone: _____
Zip E-Mail

Guardian: _____
Name Occupation

Address: _____
Street City State Zip

Home Phone: _____
Zip E-Mail

Guardian's Relationship to Applicant: _____

Number and Age(s) of Sibling(s), if applicable: _____

Annual Household Income: \$ _____

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Are any of your family members affiliated with the Omega Psi Phi Fraternity, Inc.? If so, please list Name, Chapter and City/State of residence. If not, please enter N/A.

Name:

Chapter/Relationship:

City:

State:

III) ACADEMICS

Name of High School presently attending:

High School Address:

Graduation Date:

Total score – ACT:

or

SAT:

Examination date:

Overall academic GPA:

on a

point scale

College Applied To:

College Acceptance? Yes / No

Intended major:

IV) EXTRACURRICULAR ACTIVITIES (Attached additional pages, if necessary)

SCHOOL ACTIVITIES

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COMMUNITY ACTIVITIES

V) ESSAY

In 500 words or less (typed, double-spaced), please write a concise essay addressing (1) why you should receive a Dr. Ronald E. McNair Memorial Scholarship, (2) your professional career objectives, (3) how this scholarship will help you reach your goals, (4) describe your involvement in the community, and (5) any additional information which may assist the selection committee.

I hereby acknowledge that the information contained in this application is true and correct to the best of my knowledge.

Applicant's Signature

Date

Parent(s)/Guardian(s) Signature

Date

Your email address will be used to confirm receipt of application

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P.O. Box 396

Houston, TX. 77001-0396