



Pi Nu Nu Chapter of Omega Psi Phi Fraternity, Inc. 2026 Scholarship Application for Newton & Rockdale County High School Seniors

The Pi Nu Nu Chapter of Omega Psi Phi Fraternity, Inc. is pleased to announce its annual scholarship program for deserving male high school seniors in Newton and Rockdale Counties. Each year, the chapter awards scholarships to students who demonstrate academic promise, strong character, and a commitment to excellence.

Eligibility Requirements

Applicants must:

- Be a **graduating male senior** from one of the following high schools:
Alcovy, Eastside, Newton, Heritage, Rockdale, or Salem
- Plan to pursue a **baccalaureate degree** at an accredited college or university
- Be a **U.S. Citizen**
- Have a **minimum GPA of 2.5**
- **Not** be the recipient of a **full scholarship**

Required Application Materials

Submit the completed application **no later than March 31, 2026**.

Incomplete applications will not be considered.

Along with the application form, include:

- **An official transcript** including **Fall 2025–2026** semester grades
- **A current photo**
- **Two (2) letters of recommendation** addressing your character and academic potential
 - At least **one letter** must be from a **high school teacher or adult mentor**
 - Each letter should not exceed **1.5 typed pages**
- **An essay** (maximum **2 pages**) outlining your **educational and vocational goals**

Submission Instructions

You may submit your completed application and materials by **mail** or **email**.

Mailing Address:

Omega Psi Phi Fraternity, Inc.

Pi Nu Nu Chapter

Attn: Scholarship Committee Chairman

P.O. Box 507

Covington, GA 30015

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Email Submissions

Send all documents to **both** email addresses below:

- Maddoxomega89@gmail.com
- pinunu.krs@gmail.com

Selection Process

Scholarship recipients will be selected based on:

- Academic achievement
- Community involvement
- Extracurricular activities
- A **face-to-face interview**

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**OMEGA PSI PHI FRATERNITY, INCORPORATED
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:** _____

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**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)