

Ft. Meade, Maryland 20755

E-mail: scholarship@capitalregionques.org

March 1, 2022

Dear High School Senior,

The Lambda Gamma Gamma Chapter (LGG) of Omega Psi Phi Fraternity, Inc., in conjunction with The Uplift Foundation, is soliciting your participation in our annual Colonel Charles Young Memorial Scholarship Contest.

LGG chapter was chartered at Fort Meade, Maryland, but our service community extends throughout the metropolitan DC, MD, and VA areas. Our chapter is composed primarily of Military Officers, Department of Defense civilians, contractors, business owners and other professionals either retired or working in the metropolitan DC area.

Omega Psi Phi Fraternity, Inc. was initially conceived to enrich the social and intellectual aspects of college life. Since our founding on November 17, 1911 at Howard University, our membership has grown to well over 300,000 members and our marketplace extended beyond the college campus and into our community.

Manhood, Scholarship, Perseverance and Uplift are the cardinal principles upon which the fraternity was founded. In keeping with the cardinal principle of Scholarship, our annual scholarship contest promotes academic excellence and community service among college bound high school seniors. This year we will award scholarships to worthy college-bound students in our local community in need of financial assistance to attend college.

Students interested in applying for the scholarships must provide the following information **EMAILED** (complete with attachments) to the Scholarship Committee no later than **April 27**, 2022:

• A completed scholarship application, three letters of recommendation and a certified transcript emailed to: scholarship@capitalregionques.org

The evaluation criteria the Scholarship Committee will use to judge the essays is attached as an enclosure. It is advisable that you use this to guide the formation of your essay.

NOTE: Students from the following counties are eligible to apply for The Lambda Gamma Gamma Chapter (LGG) of Omega Psi Phi Fraternity, Inc Colonel Charles Young Memorial Scholarship; Maryland (Prince Georges, Montgomery, Howard, Anne Arundel, Calvert, Charles; Virginia (Prince William, Fairfax, Arlington, Alexandria, Stafford); District of Columbia - Washington.

Points of Contacts for the Scholarship Committee are the following: Mr. Tommie Bennett, tommie.bennett@capitalregionques.org (e-mail) or Mr. Jamaal Carter, jamaal.carter@capitalregionques.org (e-mail)



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LAMBDA GAMMA GAMMA ESSAY EVALUATION SHEET 2022 Colonel Charles Young Memorial Scholarship

I.	SUBSTANCE
	Relevance to purpose of the paper
	Controlling Idea: Unifies all major parts
	Documentation: Writer provides appropriate credit?
II.	ORGANIZATION
	Introduction:
	Statement of the thesis statement: Precise? Complete?
	Vivid? Attention step: Creates interest?
	MIM
	Main Body/Major Parts:
	Major parts: Defined and simple?
	Sequencing: Effective for purpose and audience?
	Focus: Each part has a subordinate controlling idea?
	Transitions: Between parts? Between sentences?
	Conclusion/Summary:
	Closing: in concert with introduction? No new information?
	MAT O
III.	STYLE
111.	Coherence:
	Paragraphs: unified? Logical flow? Sufficient detail?
	Sentences: tense? Emphasis? Variety?
	Words: Precise?
	Efficiency:
	Paragraphs: Length?
	Sentences: Length?
	Words: Simple? Brief?
	Voice: Active/passive?
13.7	CODDECTNESS
IV.	CORRECTNESS
	Grammar
	Spelling Punctuation
	PunctuationDocumentation: Consistent throughout the paper
	"The Capital Region Ques"

Application Number _______ (For Fraternity Use Only)



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Scholarship Application for 2022

This application and all completed attachments must be submitted by email by April 27, 2022 to scholarship@capitalregionques.org

Omega Psi Phi Fraternity, Inc. Lambda Gamma Gamma Chapter Submit only one application

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PLEASE TYPE
Name (Last, First, Middle):
Home Address (Street, City, State, Zip Code):
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Home Phone Number:
Cell Phone Number:
Email Address (required):
Name of High School and Grade Point Average (required):
Colleges applied or accepted to:
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How did you hear about the scholarship?



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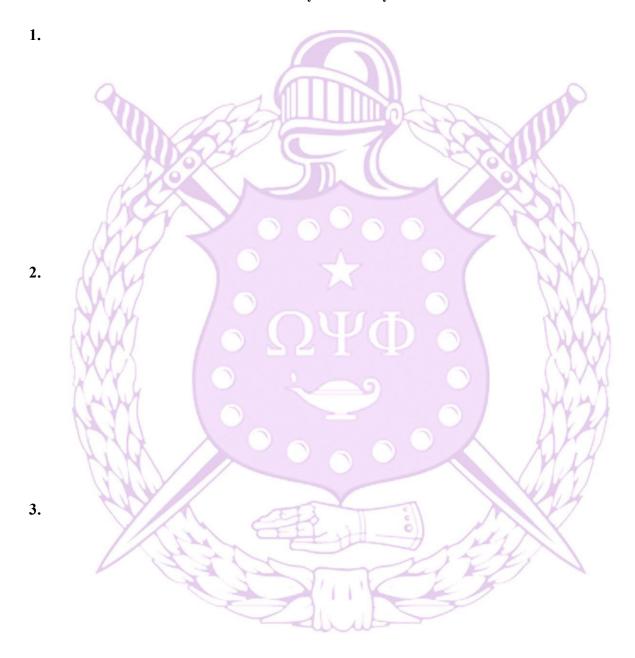
Father's Full Name:
Occupation:
Mother's Full Name:
Occupation:
Number of Siblings:
Number of Siblings in College:
Number of Siblings in High School:
Number of Siblings in Junior High School:
Number of Siblings in Elementary:
Personal Goals and Objectives:
List of awards, honors and scholarships received:
Extracurricular activities (including athletics, publications, music, debate, church, student
government, part-time job, any offices held, etc.):



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If you had the opportunity to meet three individuals from the past, present or future who would they be and why?





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ESSAY QUESTION (PLEASE TYPE)

What are your three most substantial accomplishments and why do you view them as such? 500 -750 words minimum:

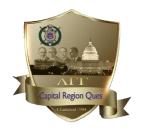
YOU CAN ATTACH YOUR TYPED ESSAY



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ESSAY QUESTION (PLEASE TYPE) – continued

What are your three most substantial accomplishments and why do you view them as such?



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CERTIFICATION STATEMENT REQUIRED

I hereby certify that all information provide	d in this application is true and correct to the best of my
knowledge.	

I further agree that if I withdraw from school or transfer to another institution during the tenure of the
scholarship (if granted), that I may become ineligible for further payments.
Date
Applicant's Signature

APPLICATION MUST BE EMAILED TO THE FRATERNITY ADDRESS NO LATER THAN April 27, 2022

ALL UNSOLICITED ENCLOSURES WILL BE DISCARDED (Applications that are late or incomplete will be disqualified)



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RECOMMENDATION ONE

Application for an Omega Psi Phi Fraternity, Inc., Lambda Gamma Gamma Chapter, Scholarship Email to: scholarship@capitalregionques.org no later than **April 27, 2022**

Applicant's Name (Last, First, Middle):
Recommender's Name:
Mailing Address (Street, City, State, Zip Code):
How long have you known the applicant?
Relationship to candidate:
Recommend
Do Not Recommend
Recommend with Reservations



Ft. Meade, Maryland 20755 E-mail:scholarship@capitalregionques.org

Please comment on your recommendation or give additional information about the applicant's scholastic abilities and personality you feel may be pertinent (You may attach a statement or use this form):

Full Name:	 	 	
Phone Number:	 	 	
Signature:			



E-mail:scholarship@capitalregionques.org

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RECOMMENDATION TWO

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Applicant's Name (Last, First, Middle):
Recommender's Name:
Mailing Address (Street, City, State, Zip Code):
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How long have you known the applicant?
Relationship to candidate:
Recommend
Do Not Recommend
Recommend with Reservations



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Please comment on your recommendation or give additional information about the applicant's scholastic abilities and personality you feel may be pertinent (You may attach a statement or use this form):

Full Name:	 	 	
Phone Number:	 	 	
Signature:			



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RECOMMENDATION THREE

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Applicant's Name (Last, First, Middle):
Recommender's Name:
Mailing Address (Street, City, State, Zip Code):
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How long have you known the applicant?
Relationship to candidate:
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Recommend
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Recommend with Reservations



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Signature:			