Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART 2**

**SCHOLARSHIP APPLICATION LETTER OF RECOMMENDAITON**

**Dear Teacher or Guidance Counselor,**

The Omegas of Rock Hill in partnership with Omega Psi Phi Fraternity, Inc., Kappa Alpha Chapter of Rock Hill, SC is offering scholarships to male high school seniors that reside in and are homeschooled or attend high school in York and Chester Counties in South Carolina. Candidates must demonstrate scholastic achievement, community involvement, the ability to develop a sound essay submission, and be attending college in the Fall 2022. In addition to this criteria, financial need may also be considered as we seek to enable more students who may not have enough financial resources the ability to attain a collegiate education. We invite all qualified students to apply for this scholarship by following all the directions set out in both Part 1 and Part 2 of the application.

You have been asked by this student, who is a candidate for one of our scholarship awards, to provide information about his character. We are asking that you give an evaluation of this student based upon your association and knowledge of his academic enthusiasm, performance, motivation, ability to get along with others, potential to succeed in college, and any other information you believe to be relevant to the scholarship applicants candidacy.

Please complete the header fields on the next page and limit your comments to the space provided in the space below. When complete, please sign and email a PDF copy of your letter to [KAChapterScholarshipCommittee@gmail.com](mailto:KAChapterScholarshipCommittee@gmail.com) on or before **Monday, March 21, 2022.**

|  |  |
| --- | --- |
| Date: | Teacher/Guidance Counselor Full Name: |
| Full Name of Scholarship Applicant: | | |
| Name of School and Mailing Address: | | |
| If you are a Teacher, indicate the academic subject taught to scholarship applicant: | | |

**PART 2: LETTER OF RECOMMENDATION**

*Start Letter Here (Delete this text)*

*As the Teacher or Guidance Counselor of the scholarship applicant, I attest that all information provided in this letter is true to the best of my knowledge.*

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_