

**GAMMA OMICRON EDUCATIONAL SERVICES, INC.
TAMPA, FL 33611**

GAMMA OMICRON MEMORIAL SCHOLARSHIP APPLICATION FORM

PERSONAL DATA

Student Name	Phone Number	E-Mail
High School Attended	Date of Graduation	Cum. H.S. GPA
Name of Parent(s)/Guardian(s)	Phone Number	E-Mail

SCHOLASTIC DATA

[Note to Applicant- Attach a copy of your high school transcript, SAT or ACT scores, and other supporting documents]

College/University you plan to attend: _____

Intended major or course of study: _____

ACHIEVEMENTS

Please provide examples of awards of achievements you have accomplished in high school. (Examples may include but are limited to awards, honors, innovative programs in which you participated, etc.)

LEADERSHIP/PARTICIPATION

Give examples of activities that clearly distinguish you as a leader. (You may site and attach copies of information on awards, offices held, and activities in which you played a leadership role.)

PLEASE NOTE- If additional space is needed, please attach a separate document.

Applicant Signature: _____ Date: _____

Parent(s) Signature: _____ Date: _____

**PRIORITY DEADLINE FOR CONSIDERATION IS APRIL 30, 2024
PLEASE SUBMIT COMPLETED PACKET TO:
wbfelton@yahoo.com**