

EDWARD J. BRAYNON, JR. SCHOLARSHIP APPLICATION

SON: Keith Braynon, GRANDSON: Kobe and Dr. Edward J. Braynon, Jr



Dr. Edward J. Braynon, Jr.

- Born in Miami, Fl. January 15, 1928
- Graduated from Booker T. Washington High School 1944
- Enrolled in Fisk University and initiated into Eta Psi Chapter, Omega Psi Phi Fraternity, Inc. 1944-1946
- Completed undergraduate degree and Doctor of Dental Surgery degree at Howard University 1946-1954
- Commissioned Captain and served in the U.S. Air Force 1954-1956
- Basileus, Sigma Alpha Chapter 1958-1963
- Elected for three consecutive years into each of the following offices: Florida State Representative, First Vice District Representative and 7th District Representative.
- Elected First Vice Grand Basileus 1973-1976
- Elected Grand Basileus 1976-1978

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Dear Scholarship Applicant:

Sigma Alpha Chapter of the Omega Psi Phi Fraternity, Inc. appreciates your interest and invites your participation in our scholarship program. This scholarship is awarded to local young men of African Descent. It is critical that you follow all instructions, provide all requested information, and return your application to me at the address below **not later than February 26, 2016.** In order for your application to be considered, we must receive your completed application by this date. Applications received after this date will not be accepted for consideration.

You must be a high school, college-bound senior to apply.

Again, we commend your interest in our scholarship program and, as you prepare for your collegiate career, we encourage you to take advantage of every opportunity that presents itself as a means to your future success.

Sincerely,

Autley F. Salahud-Din

Autley F.Salahud-Din

Chairman, Scholarship Committee

Sigma Alpha Chapter

SEND APPLICATIONS TO: Autley F.Salahud-Din

P.O.BOX 4150

HIALEAH, FL. 33014-0150

TELEPHONE: 305 493 3040

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INSTRUCTIONS: PLEASE TYPE OR PRINT

This application must be neatly completed and submitted with all requested and supporting information. **You must include personal and academic information, a copy of your High School transcript(s), three letters of recommendation and your personal essay.** Applications must arrive by **February 26, 2016. Applicant must be a resident of Miami-Dade or Broward Counties. Applicant must be in position to earn a high school diploma by the end of the school year, June, 2016.**

Check List (Evaluation Criteria)

_____ Part I. Personal Information

_____ Part II. Academic Institution Information

_____ Grade Point Average

_____ Copy of SAT or ACT Scores

_____ Official Certified Transcript(s)

_____ Part III. Biographical Information

_____ Part IV. Letters of Recommendation Three (3)

_____ Faculty member

_____ Clergyman, community leader, professional businessman, or other

_____ Other

_____ Part V. Personal Essay

_____ Part VI. Requirements for this program and Criteria for maintaining Eligibility Reviewed

_____ Part VII. Certification Signed

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PART I. PERSONAL INFORMATION

1. How did you find out about our program:

2. Citizenship (check one): ___/U.S. Citizen ___/Permanent Resident ___/Student Visa

3. Date of Birth _____ Country of Birth _____

4. Applicants full name _____

5. Home Address _____

City _____ State _____ Zip code _____

6. Telephone: Home () _____ Cellular () _____

7. E-Mail address _____

8. Current place of employment _____

9. Hours worked per week _____ Earnings per week _____

10. **Estimated total earnings for the year** _____

11. Name of first parent or guardian _____

A. workable telephone number (home) _____ (cellular) _____

B. Home Address, if different _____

City _____ state _____ Zip Code _____

C. Employed: Yes _____ No _____

D. Estimated annual income \$ _____

12. Name of second parent or guardian _____

A. workable telephone number (home) _____ (cellular) _____

B. Home address, if different _____

City _____ State _____ Zip Code _____

C. Employed: Yes _____ No _____

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D. Second parent or guardian Estimated annual income \$ _____

13. Source and amount of other family income per year _____

14. TOTAL ESTIMATED ANNUAL INCOME OF APPLICANT PLUS FAMILY MEMBERS \$ _____

15. Number of Children in home (including applicant) _____ Their ages _____

16. Number of children above who are attending college _____

17. Religious affiliation: Denomination/ Name of church _____

PART II. ACADEMIC INFORMATION:

1. Name of High School _____

2. Anticipated Graduation Date _____

3. Present Grade Point Average (GPA) _____ Class Rank/Size _____ of _____

4. An official certified Transcript must be submitted.

5. College Board test scores must be submitted (Scholastic Achievement Test (S.A.T.) and American College Test (A.C.T.)

6. List Colleges/Universities to which you have applied. Indicate if acceptances have been received:

1st choice _____

2nd choice _____

3rd choice _____

4th choice _____

7. Proposed Major and Minor Area of Study _____

8. Scheduled Date for College/University Enrollment if available _____

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III. BIOGRAPHICAL INFORMATION (Please limit responses to the space provided)

What is your proposed occupation, profession, or career goal? Be as specific as possible.

Describe current or previous jobs of responsibility that you have held. If you have experience in community service, please describe any contributions you made. Include dates and any leadership positions that you have held.

Extra-Curricular Activities:

- A. List any significant High School positions that you held.

- B. List any Honors or Awards received.

- C. Describe and comment on Hobbies, Recreational Activities, and any other uses of your time.

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IV. LETTERS OF RECOMMENDATION:

Provide Name, Address, and Telephone Number of three (3) persons; at least one of these letters must be from a Faculty member of your school who will write a letter of recommendation for you. The other two letters may be from another faculty member, clergyman, community leader, professional businessman, or other person. These three letters of recommendations must accompany this application in order to be considered for this scholarship award.

- A. Name _____
Address _____
Telephone number _____
Title or Position _____
- B. Name _____
Address _____
Telephone number _____
Title or Position _____
- C. Name _____
Address _____
Telephone number _____
Title or Position _____

V. PERSONAL ESSAY:

The applicant is required to submit a thoughtful essay that in 500 typewritten words will discuss and explain the value derived from a college education. What role did family life play in developing your desire to pursue higher education? How will education broaden your future and enhance the possibility for success.

The essay will be evaluated on its readability, grammar, spelling and be indicative of at least a twelfth grade level proficiency.

VI. REQUIREMENTS FOR THIS PROGRAM AND CRITERIA FOR MAINTAINING ELIGIBILITY:

If you are selected as a finalist, you will be required to defend your application in an Oral Interview. Oral interviews will be held in April 2016 at the Omega Activity Center located at: 15600 North West 42nd Avenue, Miami Gardens, Florida. The recipients of these awards must commit to attend a Sigma Alpha Chapter meeting in the month of May 2016 to personally receive the certificate of award. Page 7

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The specific date will be announced. This is a specific requirement of the award process. The successful applicant will receive a \$1000.00 stipend each year for a total of four years. The amounts may be applied toward tuition or books. This will be paid at the rate of \$500.00 per term (fall and spring). This scholarship is for four consecutive years. The first runner-up will receive \$1000.00 stipend each year for a total of two years. The amounts may be applied toward tuition or books. This will be paid at the rate of \$500.00 per term (fall and spring). This scholarship is for two consecutive years or a total of \$2000.00.

In order to remain eligible, the recipient must transmit his scholastic status to the Committee each semester.

AFTER EACH TERM, THE RECIPIENT MUST SUBMIT HIS REQUIRED RE-ENROLLMENT DOCUMENTATION. THE RECIPIENT IS REQUIRED TO COMPLETE HIS STUDIES IN CONSECUTIVE YEARS. AN INTERRUPTION OF STUDIES OR DROPPING OUT FOR ANY PERIOD, WITHOUT PRIOR NOTIFICATION AND APPROVAL BY THE COMMITTEE, WILL RESULT IN IMMEDIATE CANCELLATION OF THE AWARD.

VII. CERTIFICATION:

I (print your name) _____, certify that the information given on this application is true and accurate to the best of my knowledge and belief. If selected, I agree to conform to the requirements for the EDWARD J. BRAYNON, JR. Scholarship program as established by Sigma Alpha Chapter of Omega Psi Phi Fraternity, Inc. I understand that I am to send Grade Reports to Sigma Alpha after each grading period. Any false or inaccurate information submitted by me in this application or in a future submission, or failure to provide the required information, will render me ineligible or will disqualify my participation in the Scholarship Program. I also grant permission for the Omega Psi Phi Fraternity, Inc. to publish my name, picture, amount of award and personal biographical information in conjunction with annual reports filed by the Fraternity.

Participant's Full Name (sign as printed above)

PARENT OR GUARDIAN'S STATEMENT: I have read the above application and approve my son's participation in this scholarship program.

Name: (Print) _____

(Sign) _____ Page 8