



2026 SMOFI SCHOLARSHIP APPLICATION

Application Instructions

Complete this application in its **entirety** and **strictly**, as directed. **All items must be submitted electronically, by E-mail—all at one time. Please read carefully!**

- Complete **items 1-9** (fillable PDF form).
- Provide responses to **items 10-11**. Your **essay and involvement list** should be word processed, single spaced, using 12 or 14-point font size. —Name this PDF file “Essay.”
- Read, sign and include the **Applicant Certification and Photograph Release** (fillable PDF form)—Page 3.
- Submit your high school transcript (Student Copy Transcript is sufficient). The transcript **must** show your most recent cumulative G.P.A. through **seven (7) high school semesters**.
- **Submit a “head-to-shoulder” photo, with a suit/shirt and tie.**
- **If selected, MUST attend Scholarship Recognition Program on Saturday, May 16, 2026**
- **If selected, MUST attend Scholarship Recipient Luncheon on Saturday, December 19, 2026**

OPTIONAL: If you wish to receive financial need points you must provide us with a copy of the first page of your **Free Application for Federal Student Aid (FAFSA)**, specifically, the Student Aid Report (SAR) that shows Expected Family Contribution (EFC). —Name this PDF file “EFC”

Use **Attachment Checklist** - Page 2 to ensure that all items are included. E-mail the completed application with **ALL** supporting materials to: eibelljr@smofi.org by **Sunday, April 12, 2026**.

Applicant Information (fillable PDF form)

1. How did you learn about this scholarship opportunity? _____
2. Do you know any member of the Omega Psi Phi Fraternity, Incorporated—family, close friend, etc.? If yes, please provide his name, tell us how you know him, provide his Chapter affiliation and phone number (if available). _____
3. _____ ☐ Male Only
First Name Middle Initial Last Name
4. _____ ()
Address City Zip Code County Phone Number
5. _____ ☐ U.S. Citizenship ☐ Other (specify) _____
E-mail Address
6. _____
Name of High School City County Graduation Date Cumulative GPA
7. College/University you plan to attend. _____
Name City/State
8. Anticipated Major _____
9. Parent/Guardian Contact Information

Name:		
Street Address:		
City:	State:	Zip Code:
Cell Phone Number ()	Email:	



10. **Essay Requirement.** Please choose one of the following two topic options and write an essay of a minimum of 350 words and not exceeding 750 words.

The experience of African American men in the United States continues to be a story of both tragedies and triumphs—marked by systemic injustice and the resilience to overcome adversity against incredible odds. In recent years, movements for racial equity have amplified urgent calls for social justice, accountability, and an end to racism. Today, conversations about policing, economic opportunity, education, and representation remain central, as African American men strive not only to confront barriers but also to uplift communities and shape a more just future.

Essay Option 1

Think about a time when you had to take responsibility or show courage in the face of unfairness or adversity. How does this experience connect to the ongoing struggle for justice faced by African American men, and how will it shape the way you lead in college and beyond?

Essay Option 2

Describe an academic or personal learning experience that opened your eyes to issues of inequality, racism, or social justice. How did this knowledge change your perspective, and how will your commitment to scholarship help you contribute to solutions in your community and on campus?

11. **Extracurricular Activities, Honors & Awards, Leadership Positions and Work Experience** – Provide a list of your extracurricular activities, honors, community service, leadership positions held and/or work experience during high school.
12. **E-mail two (2) Letters of Recommendation.** One (1) from a **school official** and one (1) from a **non-school official/non-family member**. Name this PDF file **“Recommendations”**

Each Letter of Recommendation should include:

- How the recommender knows the applicant and the length of time known the applicant.
- A statement of the reasons the recommender believes the applicant has the ability to succeed in college.
- Recommender Information (**required**) – printed name, signature and contact Information.

Attachment Checklist

All items must be E-mailed—**all at one time**. Please read carefully and verify that you have attached:

- ☐ High school transcript—**Student Copy**—PDF file named **“Transcript”**
- ☐ Completed Application (items 1-9) — fillable PDF form
- ☐ Typed Essay and Supplementary Documents (**items 10-11**)—PDF file named **“Essay and Involvement”**
- ☐ Two (2) Recommendations (school & non-school/non-family)—PDF file named **“Recommendations”**
- ☐ Signed Applicant Certification and Photograph Release (Page 3) — fillable PDF form
- ☐ Submit a **“head-to-shoulder” photo, with a suit and tie.**
- ☐ **OPTIONAL:** First page of Student Aid Report (SAR) from your FAFSA that shows Expected Family Contribution (EFC) —PDF file named **“EFC”**

An interview, scheduled following application evaluation, may be required for prospective scholarship recipients.

Application materials must be submitted by E-MAIL ONLY.

E-mail completed application and supporting materials to Mr. Edwynn Bell;

E-mail: eibelljr@smofi.org

Application materials must be E-mailed and received by Sunday, April 12, 2026

Questions may be directed to the SMOFI Scholarship Committee:

Edwynn Bell

(313) 402-4051

E-mail: eibelljr@smofi.org



APPLICANT CERTIFICATION and PHOTOGRAPH RELEASE

(Required for all applicants and parents/guardians)

Applicant Certification (fillable PDF form)

- If requested, I agree to be available to participate in an interview with the Scholarship Committee.
- As part of this application, I authorize school personnel and/or other individuals to provide data or information about me directly to the Southeast Michigan Omega Foundation, Incorporated. and to waive the right to review any such submissions.
- I understand that falsification of information may result in termination of the granted scholarship and result in having to return any disbursed scholarship funds.
- I understand that I may be asked to verify any income information provided in this application.
- I agree that the Southeast Michigan Omega Foundation, Incorporated. has permission to use general (non-financial) information provided in this application, for publicity purposes.
- I understand that all information provided in this application will remain in the possession of the Southeast Michigan Omega Foundation, Incorporated.
- I understand that, if selected, I must provide proof of enrollment to a 4-year accredited College/ University prior to receiving a scholarship award payment.
- I understand that, if selected, I may be required to maintain a certain G.P.A. to receive ongoing scholarship payments. I will keep the Southeast Michigan Omega Foundation, Incorporated informed of my academic status—as requested.
- I understand that, if selected, the scholarship award will be used for college expenses for the 2025/2026 school year.

Photograph Release (fillable PDF form)

I/We, _____ (Parent/Guardian), as parent(s)/legal guardian(s) of (Applicant's Name) _____, give permission for the Southeast Michigan Omega Foundation, Incorporated (SMOFI) to publish on the Internet or other media, still photographs or moving images; including if applicable, any sound recordings accompanying the images taken of my child during the SMOFI Scholarship Awards Banquet (and/or image(s) provided in this scholarship application and selection process) without payment or any consideration and without notifying me. I/We understand and agree that these images will become the property of SMOFI, which shall have complete ownership of the images. I hereby irrevocably authorize SMOFI to publish and/or distribute these images for the purpose of publicizing scholarship programming and for any other lawful related purpose. In addition, I waive any right to inspect or approve the finished product wherein my child's likeness appears. Additionally, I waive any rights to royalties or other compensation arising out of or related to the use of the images.

By signing below, we read, understand and affirm **all of the information on this page**. We further certify that **all of the information provided in this application** is truthful, accurate and complete to the best of our knowledge.

Parent(s)/Guardian(s) Signature

Date

Applicant Signature

Date