



Beta Phi Omega Alumni Chapter of Iota Phi Theta Fraternity, Incorporated is pleased to announce that we are now accepting applications for John B. Jones Memorial Scholarship. Any graduating senior in Prince George's County is qualified. A one-time \$1,000 scholarship will be awarded to the winner.

APPLICATION CRITERIA

An applicant must:

- Currently a graduating high school senior from Prince George's County Public School System

Have been accepted by a college or university and have a cumulative grade point average of 2.5 on a 4.0 scale.

APPLICATION PROCEDURES

To be considered for the scholarship, an applicant must submit:

- The Beta Phi Omega Application (See below)
- 750-word essay (requirements below)
- Two letters of recommendation (must be from a teacher, counselor, or clergy)
- Community service involvement
- An official copy of the applicant's high school transcript indicating the cumulative GPA.
All school materials should be sent together in an 8"X 11" sealed envelope or sent to:
bpo4iota@gmail.com

ESSAY CRITERIA

In 750 words, tell us:

- What are your personal goals?
- Your community involvement?
- What challenges will your generation face in the future and how do you plan to overcome them?

(Scholarship awards will be made after we receive documentation verifying enrollment) (All Scholarship awardees are required to attend the Beta Phi Omega Annual Scholarship Event to receive their Scholarship Award. You and your immediate family will be notified of the date, time, and place.)

The application and all supporting documents must be received by March 24, 2025. Email all application materials to: bpo4iota@gmail.com or send by U.S. mail at the address below

**IOTA PHI THETA FRATERNITY, INC
ALUMNI CHAPTER BETA PHI OMEGA
ATTN: SCHOLARSHIP COMMITTEE
P.O. BOX 271
UPPER MARLBORO, MD 20773
John B. Jones
Memorial Scholarship Application**

APPLICATION

PERSONAL DATA

First Name: Last Name:

Street Address:

City: State: Zip Code:

Home Phone: Cell Phone:

Email:

Parent or Guardian: Telephone:

EDUCATION BACKGROUND

HIGH SCHOOL INFORMATION

School Name:

School

Address:

City:

State: Zip code: Telephone:

Graduation Date	Cumulative GPA	Teacher or Counselor's Name and Email
	(based on a 4.0 scale)	Counselor: Email: Teacher: Email:

EXTRACURRICULAR ACTIVITIES (School, Sports and Volunteer)
John B. Jones
Beta Phi Omega
Memorial Scholarship Application

HONORS, AWARDS AND DATES RECEIVED

COLLEGE INFORMATION

Please provide documentation of enrollment

Do you plan to attend part-time or fulltime?

Major Course of Study:

Any Additional information you like to include:

APPLICANT SIGNATURE:

Date:

Memorial Scholarship Application

Type or Paste Your Essay Here

John B. Jones
Memorial Scholarship Application
Photo Release Form

Dear Parent/Guardian:

A picture of your child may be included in the media while your child is a participant in our program. We may use the photo in one or more of the following ways:

- Printed in newspapers

- Posted on webpage on the Internet and social media such as Facebook

- Used during slideshow, video for instructional and advertisement of scholarship activities and programs.

Thank you for your support of technology and allowing the community to learn more about our scholarship program!

I hereby authorize the Beta Phi Omega Alumni Chapter Scholarship Committee and Iota Phi Theta Fraternity, Incorporated to publish the photographs or video taken of my child, and their name for use in printed publications, videos, and on authorized Websites.

I acknowledge that since my child's participation in media produced by the Beta Phi Omega Alumni Chapter Scholarship Committee and Iota Phi Theta Fraternity, Incorporated is voluntary, we will receive no financial compensation.

I further agree that my child's participation in any media produced by the Beta Phi Omega Alumni Chapter Scholarship Committee and Iota Phi Theta Fraternity, Incorporated confers no rights of ownership whatsoever to me or my child. In addition, I release their agents from liability for any claims by me or any third party regarding their participation.

Date: _____ Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

John B. Jones
Beta Phi
Omega
Memorial Scholarship Application

Instructions on how to fill out this form

1. Open the document in Adobe format
2. Go to the left side and click on the “Fill & Sign” portion or open in “Microsoft Word” click the word “Text” at top left side
3. This will allow you to fill in the necessary information needed on this form.
Upon completion, you can save a copy and/or print this out and mail it to the address show on page two or email it to: **bpo4iota@gmail.com**
4. Please ensure that all fields are filled out properly and signed before submitting
5. Have your parent or guardian review your application prior to submission