

Founders: (Deceased) Edgar A. Love, Oscar J. Cooper, Frank Coleman, Ernest E. Just

**OMEGA PSI PHI FRATERNITY, INC.**

**INTERNATIONAL HEADQUARTERS  
3951 SNAPPINGER PARKWAY, DECATUR, GEORGIA 30035**

**CRITERIA SUMMARY FORM  
FOR  
ACHIEVEMENT WEEK AWARDS CONSIDERATION**



- 1.) Read all instructions and questions before you start.
- 2.) Please SEPARATE AND TYPE answers to all questions. Restaple when completed.
- 3.) After you have completed this application, check to make sure you have answered all questions.

FOR INTERNATIONAL OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE

\_\_\_\_\_

Applicant's Full Name:

(First)	(Middle)	(Last)	(Suffix)

Address:

City:	State:	Zip:
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Telephone: Home (    )	Work: (    )
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Chapter:	District:
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Award:

Total Points:

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FORM 76

Criteria Summary Form  
for  
Achievement Week Awards Consideration

Instructions:

This form **must be typed**, and it must be completed in its entirety. Do not indicate, “see attached resume/form” for any of the sections where data are requested. You may attach a resume, etc. However, the applicant will not be considered for an award unless Form 76 is properly completed. **Responses should be concise and specific.**

Category for Award Consideration (Check one only). A separate form must be completed for each applicant.

Year 19 \_\_\_\_\_

- |   |                              |
|---|------------------------------|
| _____ Graduate Omega Man of the Year      | _____ Superior Service Award |
| _____ Undergraduate Omega Man of the Year | _____ Founders Award         |
| _____ Citizen of the Year                 | _____ Other (specify)\       |

Candidate's Name: \_\_\_\_\_  
First Middle Last

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Name of Sponsoring Chapter: \_\_\_\_\_ District: \_\_\_\_\_

Location of Chapter: \_\_\_\_\_





Submitted by: \_\_\_\_\_ Signature: \_\_\_\_\_  
Name (Type)

Title: \_\_\_\_\_ Date: \_\_\_\_\_