



P.O. Box 741164

Dallas, Texas 75374-1164

WE CARE PROGRAM APPLICATION

Please complete all information requested. Print (black ink) or Type.

Name: _____ Date _____

Home Address _____
Street City State Zip Code

Home Phone: _____ DOB _____

Current School _____ Grade: _____ Grade Point Average: _____

Referred By: _____

Is the referral by a member of Omega Psi Phi Fraternity? Yes / No
(Circle one)

Parents / Guardian: _____ Phone: _____ Email: _____

Emergency Contact: _____ Emergency Phone #: _____

Medical Disability (if any): _____

What are your hobbies, talents, interests? _____

In what school activities do you participate? _____

What type of career are you planning: _____

Do you plan to attend College / University/Technical College? _____

If so, name of college (list three) _____

Parents Signature: _____ Your Signature: _____

(A copy of your most recent School transcript or previous school year report card is required)

Return this application to: Theta Alpha Foundation
c/o We Care Program
P. O. Box 741164
Dallas, TX. 75374-1164