

2026 Dr. Beauregard Napoleon Gupton Memorial Scholarship

(Scholarship Managed by Nu Friendship Outreach Inc.)



October 2025

Dear Scholarship Applicant:

NU Friendship Outreach, Inc., in conjunction with the Men of Omega Psi Phi Fraternity, Inc., Nu Upsilon Chapter, invites you to apply for a scholarship to help with continuing your education at the college/university level.

Scholarship is one of the four cardinal principles on which our fraternity was founded in 1911.

Therefore, we are strongly committed to helping our young people further their education as they seek meaningful careers in the world of work.

In order for you to be considered for our \$2000 Scholarship, you must complete the requirements as indicated in the attached application packet and submit them by **May 4, 2026** to the address cited on the attached Scholarship Requirements and Checklist.

In advance, we wish you the very best as you pursue your dreams and goals.

Sincerely yours,

**Bro. Kyle Hill, E.D.,
Chairman Scholarship Committee**

**Kevin W. Evans
President, Nu Friendship Outreach, Inc.**

Attachments

2026 Dr. Beauregard Napoleon Gupton Memorial Scholarship

Criteria:

Scholarship	Eligibility Criteria
Dr. Beauregard Napoleon Gupton Memorial Scholarship	First in family to attend college (preferred) Possibly, but not necessarily, a ward of the Delaware Foster Care System Demonstrated outstanding perseverance Record of noteworthy community service Intention to pursue a degree in one of the following fields: Elementary or Secondary Education Allied Health Sciences Social Work Criminal Justice Minimum cumulative GPA of 2.5 or higher Preference given to students planning to attend a Historically Black College or University (HBCU)

Scholarship Checklist:

1. Currently a senior male in a public/private/parochial/vocational high school in New Castle County, Delaware.
1. Admitted to or seeking admission to a two-year junior/community college or a four-year college or university. If selected for a scholarship, you will be required to provide proof of admission and enrollment.
2. Complete application (see attached). Type or print clearly!
3. Two letters of recommendation from non-relatives, each in a sealed envelope with the signature of the sender/writer over the flap of each envelope. Submit these letters with your completed application.
4. Grade Point Average: At least a 2.50 on a 4.00 scale; An official copy of transcript, through the first semester of the 2025/2026 school year (i.e., January 2026), must be submitted with the application packet. Plan ahead for obtaining the transcript, as the end of the first semester is around January 28, 2026. See your counselor NOW! Completion of requirements for high school graduation will be verified if you are selected as a scholarship recipient.
5. Essay (400-500 words): The theme of the essay is ““What does perseverance look like for your generation, and how will it shape your path toward college and service to others?” This essay prompt encourages applicants to Focuses on resilience—one of the core criteria for selection.
2. Encourages reflection on overcoming challenges unique to Gen Z students entering adulthood. Essay must be typed, double-spaced, and in 12-point font. Essay will be evaluated on clarity, language usage, content, organization, and topic development. Essays will not be returned.
6. Interviews may be conducted by a panel of 3-5 Directors of NU Friendship Outreach, Inc. and Men of Omega Psi Phi Fraternity, Inc. for applicants who are designated as finalists for the scholarships. If interviews are held, they will take place during the week of April 29, 2026. The place, date, and time of the interviews will be communicated to all finalists.
7. Scholarship winners will be notified by June 2026. Invitations and tickets for the banquet awards ceremony will be provided at that time.
8. The award decision for each scholarship by Omega Psi Phi Fraternity, Inc., Nu Upsilon Chapter is final, and all application packet documents submitted become the property of the fraternity. No materials will be returned!
9. If you have questions, you may contact Kyle Hill. at (703-282-7947).

packets can be mailed to:

Kyle Hill
Scholarship Chairman
P.O. Box 86
Wilmington, DE 19899

**Deadline for receipt of all application material is Sunday, May 5, 2026 @ 11:59pm
NO EXCEPTION!**

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Name: _____
First _____ Middle _____ Last _____

Address: _____
Street _____ City, State, Zip _____

Employment History (*briefly describe your employment; job, hours worked*)

Community Service (*briefly describe contributions to your community*)

Family Information

Mother:	Occupation:	Civic Affiliations:
Father:	Occupation:	Civic Affiliations:

Siblings Living at Home	Age:	Age:	Age:	Age:

Siblings in College	Age:	Age:	Age:	Age:

Extraordinary Family Circumstances and/or Financial Hardships (*describe briefly, use separate sheet if necessary*)

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Current High School Attending:

Grade Point Average (as of 4/1/2026):

Class Rank GPA (on 4.0 scale) Weighted

Essay

Students, The essay must be typed on a separate piece of paper and less than 250 words.

1) What does perseverance look like for your generation, and how will it shape your path toward college and service to others?

Be sure not to include your name in the essay.

Extra-Curricular Activities

Please Enter Your Activities here by Year

Honor Societies

Please Enter Your Honor Societies here by Year

<i>Student Honor Societies</i>	<i>Fres</i>	<i>Soph</i>	<i>Jr</i>	<i>Sr</i>	<i>Awards Received/ Leadership Positions</i>

Athletics/Sports

Please Enter Your Honor Societies here by Year

<i>Athletics</i>	<i>Fres</i>	<i>Soph</i>	<i>Jr</i>	<i>Sr</i>	<i>Awards Received/ Leadership Positions</i>

List the college(s) and university(ies) you have applied to, have been accepted and/or waiting for an acceptance:

College/University: _____ City/State: _____
College/University: _____ City/State: _____
College/University: _____ City/State: _____

Why are you applying for this scholarship?

The signatures of the people below indicate they have submitted accurate and honest information and the completion of this application, along with accompanying materials, are the work of the applicant. Further, the undersigned understands if the applicant is selected for a scholarship, no scholarship monies will be disbursed until after July 1, 2026

Applicant Signature: _____ **Date:****Parent/Guardian Signature:** _____ **Date:**

2026 Dr. Beauregard Napoleon Gupton Memorial Scholarship Recommendation Form

TO APPLICANT:

Please complete the top section of this form and deliver the form to your selected reference. REMEMBER, the Recommendation Forms must include one from a current or former college academic instructor, a college counselor, or college administrator. The other Recommendation Form may be from any other person of your choice. Recommendation forms can be returned to you or directly to [Kyle Hill @ kylehill10@gmail.com](mailto:Kyle.Hill10@gmail.com). **If returned to you, this recommendation form must be submitted to the NUFO Scholarship Committee by May 5th 2026, at 11:59pm.**

Applicant Name:	
Name of Reference:	
Relationship To Applicant:	
Address of Reference:	

TO REFERENCE:

The applicant named above has completed the PSI Zeta Memorial Scholarship Application. The applicant is able to use one scholarship application to apply for multiple scholarships. Your opinion will be given considerable weight; consequently, your attention to completion of this form is very important. Please complete and return the form to the applicant in a SEALED envelope, identifying the name of the applicant on the outside of the envelope. The applicant will include your reference with his/her application.

Quality	Not Observed	Less Than Satisfactory	Satisfactory	Excellent	Outstanding
Scholastic Ability					
Citizenship					
Motivation					
Organizational Skills/ Work Habits					
Communication Skills					
Leadership Potential					
Relationships With Peers					
Other (Identify)					

Overall, I (Please Check One):

- Recommend the applicant without reservation
- Recommend the applicant with some reservation
- Recommend the applicant with serious reservation
- Do not recommend the applicant

I have known the applicant for _____ years/months as his/her _____

SIGNATURE: _____ POSITION: _____

Telephone number (optional): _____ EMAIL ADDRESS: _____

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