

SIGMA GAMMA RHO SORORITY, INC.



**EPSILON ZETA SIGMA ALUMNAE CHAPTER
PO BOX 507
BURLINGTON, NEW JERSEY 08016**

SCHOLARSHIP APPLICATION

Sigma Gamma Rho Sorority's aim is to enhance the quality of life within the community. Public service, leadership development and education of youth are the hallmark of the organization's programs and activities. Sigma Gamma Rho Sorority, Inc. addresses concerns that impact society civically, educationally, and economically.



Epsilon Zeta Sigma Alumnae Chapter Scholarship Application

The Epsilon Zeta Sigma Chapter of Sigma Gamma Rho Sorority, Inc. provides scholarship aid to students, regardless of race or sex, in pursuit of higher education.

The minimum requirements:

1. Acceptance at an accredited two or four year college or university.
2. Minimum "B" average.
3. Demonstrated community service.

The following documents must be submitted with the completed application:

1. Most recent official sealed high school transcript.
2. An essay highlighting the applicant's achievements, goals, extra-curricular activities, and community service with a minimum of 500 words.
3. Two (2) letters of reference. Examples of suitable references include teacher, counselor, pastor, employer, or another individual familiar with the applicant's academic abilities and character.
4. A copy of the applicant's official ACT or SAT scores.
5. A copy of the applicant's official acceptance letter to the two or four-year accredited university that the applicant will attend.
6. A copy of the applicant's fall 2018 semester course schedule. If you do not have your course schedule when you submit your application, please indicate when you will receive your schedule.

DEADLINE: APPLICATIONS MUST BE RECEIVED BY JULY 20, 2018

Please mail the completed application and required documents to:

Sigma Gamma Rho Sorority, Inc.
Epsilon Zeta Sigma Chapter
PO Box 507
Burlington, NJ 08016
Attn: Scholarship Committee

Applications received after July 20 will not be reviewed. Please allow enough time for delivery. Incomplete application packets will not be reviewed. All provided information will remain strictly confidential and used exclusively for the purposes of evaluation.

Scholarship recipients will be notified via mail or email. **Funds will not be released until we receive a copy of your fall 2018 course schedule.**

Please Print or Type All Information

Background Information:

Name: _____

Mailing Address: _____

Email Address: _____

Contact Number: _____

Sex (Circle One): M F

Date of Birth: _____

School Information:

High School Name and Address: _____

High School Counselor Name, Phone Number, and Email Address: _____

Anticipated Date of Graduation: _____

Name and Address of the College or University you will be attending: _____

Intended Field of Study: _____

ACT or SAT Scores: _____

Extracurricular activities and community service:

List activities/hobbies/interests and community service: _____

Applicant Certification:

- By signing this application, I certify that the information provided is true and complete to the best of my knowledge. I understand that false or misleading information given in my application may result in the disqualification of my scholarship application. I understand that if selected as a recipient, a letter of acceptance from an accredited two or four-year college or university must be provided prior to receiving funds.
- I will use the proceeds of any scholarship received for the payment of tuition, required fees, room and board, and/or required materials to attend my educational institution.

Signature

Date