

SIGMA GAMMA RHO SORORITY INC.

Tau Sigma Alumnae Chapter P.O. BOX 59533 Jackson, MS 39284



Helping Youth Realize Their Full Potential 2020-2021 BOOK STIPEND APPLICATION

Application deadline: Completed online, Postmarked or Emailed by Friday, March 26, 2021

Email: scholarship.tausigma@gmail.com

Organizational History

Sigma Gamma Rho Sorority, Inc. was organized on November 12, 1922 in Indianapolis, Indiana by seven young educators. The group became an incorporated national collegiate sorority on December 30, 1929, when a charter was granted to Alpha chapter at Butler University.

From seven young educators, Sigma Gamma Rho has become an international service organization comprised of women from every profession. Sigma Gamma Rho's commitment to service is expressed in its slogan, "Greater Service, Greater Progress." The sorority has a proud history of offering service wherever chapters exist. Our programs include; OPERATION BigBookBag, a program designed to address the needs, challenges and issues that face school-aged children who are educationally at-risk in local homeless shelters and extended care hospitals. Other national projects include Wee Savers, Project Reassurance and Habitat for Humanity. Project Reassurance is the signature community service program of Sigma Gamma Rho Sorority, Inc. Through Project Reassurance, Sigma Gamma Rho seeks to promote responsible living for teens in today's world by focusing on prevention of teen pregnancy, personal decision-making, character building, promoting moral values and making good health education choices.

Scholarship Purpose

In order to recognize and support outstanding high school seniors pursuing college studies, the Tau Sigma Alumnae Chapter of Sigma Gamma Rho Sorority, Inc. has established this monetary award. The program provides two (2) \$500.00 book stipends to outstanding students to assist with necessary class materials.

Applicant Eligibility Criteria

- A graduating High school Senior, who attends a high school in Hinds, Madison or Rankin counties
- Minimum Cumulative GPA of 3.0 on a 4.0 Scale Be accepted by an accredited 2 or 4-year college/university and enrolling for the upcoming fall semester (Please include a copy of your letter of acceptance.)

- Demonstrated potential for leadership Participation in Community Service
- Must be a U.S. citizen or a permanent resident

Applicant Supporting Documentation

- A completed scholarship application.
- An official high school transcript (sealed in an envelope with counselor's signature).
- Applicant must carry a minimum 3.0 GPA on a 4.0 Scale.
- A copy of the letter of acceptance from designated college/university.
- A one-page double-spaced personal statement (12 pt. font, Arial or Times New Roman). Please include information about: School experiences, adversities, challenges, unique personal circumstances, skills, talents and at least 2 demonstrated leadership abilities.
- 2 letters of recommendations are required. The letters of recommendation may come from a teacher, high school counselor, employer, mentor associated with the applicant's work or volunteer experience. Letters written by relatives will not be considered.
- A one-page, double-spaced essay (12 pt. font, Arial or Times New Roman) addressing the questions: 1.) How have you made an impact on your community? 2.) What are your career goals and when you earn your degree how will you use it to further impact your community?
- Submit a recent photo with application, recommended size 3x5 or wallet. (Photo of recipient may be used in publications.)

Applicant Requirements

- Eligible students must submit a complete application and attach all of the required documentation or the application will not be reviewed.
- Application must be postmarked no later than Friday, March 26, 2021.

GENERAL INFORMATION & APPLICANT DEMOGRAPHICS Please print or type



APPLICANT INFORMATION	SCORES			
Fancil Address	Is your GPA: Weighted Un-Weighted			
Email Address:	Grade Point Average Scale:			
First Name:	Grade Point Average:			
Middle Initial:	Have you Taken the ACT or SAT? Yes No (please provide answer the following questions: as applicable)			
Last Name:	C ACT Composite Searce			
Permanent Mailing Address:				
	SAT Critical Reading Score			
City:	Math Score:			
State: Zip:				
Home Telephone Number:	Written Score:			
Alternate Telephone Number:	☐ I am not required to take the ACT / SAT			
Date of Birth: (MM/DD/YYYY)	College or University			
Gender: Female Male	If you have not finalized your college choice, provide your first choice school.			
What generation will you be when you begin college/university:				
☐ 1st Generation ☐ 2nd Generation ☐ 3rd Generation	Institution State:			
From a long line of University graduates	Institution Name:			
How did you hear about this Scholarship:	Major:			
	Academic Supporting Documents			
Sorority Member Counselor Website Other	The applicant's Official High School Transcript (sealed in an envelope with counselor's signature) is required to complete your application.			
HIGH SCHOOL INFORMATION	A copy of the Letter of Acceptance from the designated			
	college/university is required to complete your application.			
High School Name:	The applicant's full name, school name and contact information must be visible.			
High Cabaal Addassa	Personal Statement & Essay Question			
High School Address:	 Please include a one-page, double-spaced personal statement (12 pt. font, Arial or Times New Roman). Please include 			
High School City:	information about: School experiences, adversities, challenges, unique personal circumstances, skills, talents and at least 2 demonstrated leadership abilities.			
High School State: Zip:	 Also, include a one-page, double-spaced essay (12 pt. font, 			
High School Counselor's Name:	Arial or Times New Roman) addressing the questions: 1.) How have you made an impact on your community? 2.) What are your careers goals and when you earn your degree how will you use it to further impact your community?			

EXTRACURRICULAR AND/OR COMMUNITY INVOLVEMENT / WORK HISTORY Please print or type



Community / Volunteer Service (You may use the additional sheet of paper attached.)

List at least **one** agency or organization in which you have participated **without pay** during the last four years (Religious groups, hospital volunteer, cultural activities, outreach programs, etc.). Enter **total hours** per activity. **Do not use acronyms.**

1. SERVICE DESCRIPTION		START DATE MM/YY	END	DATE MM/YY	TOTAL HOURS
CONTACT NAME	CONTACT EMAIL		<u> </u>	CONTACT PHO	NE NUMBER
2. SERVICE DESCRIPTION		START DATE MM/YY	END	DATE MM/YY	TOTAL HOURS
CONTACT NAME	CONTACT EMAIL			CONTACT PHO	NE NUMBER
3. SERVICE DESCRIPTION		START DATE MM/YY	END	DATE MM/YY	TOTAL HOURS
CONTACT NAME	CONTACT EMAIL			CONTACT PHO	NE NUMBER
4. SERVICE DESCRIPTION		START DATE MM/YY	END	DATE MM/YY	TOTAL HOURS
CONTACT NAME	CONTACT EMAIL			CONTACT PHO	NE NUMBER
5. SERVICE DESCRIPTION		START DATE MM/YY	END	DATE MM/YY	TOTAL HOURS
CONTACT NAME	CONTACT EMAIL	λ		CONTACT PHO	NE NUMBER

Extracurricular Activities (If Applicable) (You may use the additional sheet of paper attached.)

List activities in which you have had involvement in during the last four years (School clubs, student government, publications, varsity or club sports, theater arts, Scouting, 4-H, etc.). **Do not use acronyms.**

1. ACTIVITY DESCRIPTION	HIGHEST POSTION HELD	NUMBER OF YEARS INVOLVED
COMPACE NAME	CONTRACTI EMAIL	CONTACT DUONE NUMBER
CONTACT NAME	CONTACT EMAIL	CONTACT PHONE NUMBER
2. ACTIVITY DESCRIPTION	HIGHEST POSTION HELD	NUMBER OF YEARS INVOLVED
2. ACTIVITI DESCRITITOR	HIGHEST FOSTION HELD	NOMBER OF TERRO INVOLVED
CONTACT NAME	CONTACT EMAIL	CONTACT PHONE NUMBER
3. ACTIVITY DESCRIPTION	HIGHEST POSTION HELD	NUMBER OF YEARS INVOLVED
CONTACT NAME	CONTACT FMAIL	CONTACT PHONE NUMBER
CONTACT NAME	CONTACT EMAIL	CONTACT PHONE NUMBER

Work Experience (If Applicable) (You may use the additional sheet of paper attached.)

List jobs you have held during the last four years. (Food server, babysitting, lawn mowing, office work, etc.) **Do not use acronyms.**

1. EMPLOYER NAME	POSITION	START DATE MM/YY	END DATE MM/YY	AVG HRS/WEEK	
CONTACT NAME	CONTACT EMAIL		CONTACT PHONE NUMBER		
2. EMPLOYER NAME	POSITION	START DATE MM/YY	END DATE MM/YY	AVG HRS/WEEK	
CONTACT NAME	CONTACT EMAIL		CONTACT PHONE NUMBER		
3. EMPLOYER NAME	POSITION	START DATE MM/YY	END DATE MM/YY	AVG HRS/WEEK	
CONTACT NAME	CONTACT EMAIL		CONTACT PHONE NUMBER		

Additional Community / Volunteer Service	-

Additional Extracurricular Activities	

Additional Work Experience	



TERMS & CONDITIONS / REQUIRED DOCUMENTS Please print or type

Terms & Conditions

All of the information that I have provided in this application and in the enclosed letters are accurate and complete to the best of my knowledge. I understand and acknowledge that providing false or misleading information in any aspect of this application or any enclosed supporting documentation may disqualify me from the selection process. I certify that I am currently enrolled in high school as a senior and I am in good academic standing. I confirm that I will be applying for or I have already been accepted to in an accredited two or four-year college or university for the 2021 academic year and am eligible to receive scholarships granted under the program. I hereby authorize **Sigma Gamma Rho Sorority Inc.,** Tau Sigma Alumnae Chapter to use any information contained in this packet for promotional purposes or as legally required or permitted by law. The applicant further agrees to enroll in and attend a two or four-year accredited college or university in the academic year of their selection. Scholarship funds will be paid directly to the award recipient.

Арј	plicant Signature (Required):	Date:
	ent or Guardian Signature: quired if applicant is under 18 years of age)	_ Date:
_		
	uired Document Checklist	
	Completed Application with Signature(s)	
	Official High School Transcript (sealed in an envelope with counselor's signature)	
	Copy of letter of acceptance from designated college/university	
	Personal Statement (One page, double-spaced, 12 pt. font, Arial or Times New Roman)	
	One-page, Double-Spaced Essay (12 pt. font, Arial or Times New Roman)	
	Two Letters of Recommendation written by individuals who are not related to you	
	Recent photo with application, recommended size 3x5 or wallet	

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Attn.: Scholarship Committee
P. O. BOX 59533

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