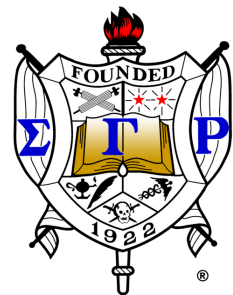




SIGMA SOAR

FOR SUCCESS

HIGH SCHOOL SENIOR SCHOLARSHIP





SIGMA SOAR FOR SUCCESS

HIGH SCHOOL SENIOR SCHOLARSHIP

18 December 2019

Dear Scholar,

The Southeastern Region of Sigma Gamma Rho Sorority, Inc will be conducting our annual Regional Conference, in the historic city of Jacksonville, FL on April 2 -April 5, 2020. During this annual Conference, the ladies of Sigma Gamma Rho will award one deserving graduating high school senior with the Sigma Soar for Success Scholarship.

This award is specifically for a student who resides in the city where the conference is held, has successfully been admitted to a four-year baccalaureate program and meets the requirements of the scholarship. Sigma Gamma Rho Sorority, Inc seeks to serve as a conduit to a brighter future for our community. Therefore, we encourage all interested students to apply for this scholarship as you soar for success.

Respectfully yours,

Kellee Hill EdD
SOUTHEASTERN REGION
SCHOLARSHIP COMMITTEE CHAIR



(615-500-3031)



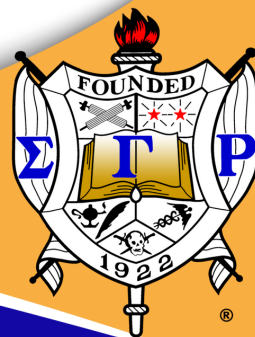
serscholarshipchair@gmail.com



P.O. Box 8201, Hermitage, TN 37076

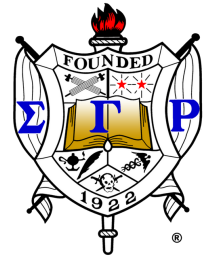


<http://www.seregionsrho.org>





SIGMA SOAR
FOR SUCCESS



Scholarship Checklist

TO ENSURE THAT YOUR APPLICATION IS GIVEN FULL CONSIDERATION, PLEASE COMPLETE AND ENCLOSE THIS CHECKLIST WITH YOUR APPLICATION:

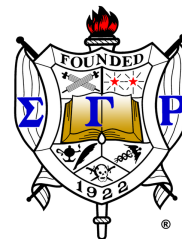
- _____ COMPLETED PRINTED APPLICATION OR ONLINE APPLICATION (BLUE OR BLACK INK)
- _____ OFFICIAL HIGH SCHOOL TRANSCRIPT, INCLUDING CUMULATIVE GRADE POINT AVERAGE.
- _____ SCHOLARSHIP RESUME (HIGHLIGHTING EDUCATIONAL BACKGROUND, WORK/VOLUNTEER HISTORY, EXTRACURRICULAR ACTIVITIES, HONORS, SKILLS, ETC)
- _____ COPY OF ADMISSION LETTER TO AN ACCREDITED COLLEGE OR UNIVERSITY FOR THE 2018-2019 ACADEMIC YEAR
- _____ TWO TYPED LETTERS OF REFERENCE (INCLUDING NAME, ADDRESS, AND TELEPHONE NUMBER) FROM A TEACHER OR COUNSELOR
- _____ TYPED 2-3 PAGE ESSAY EXPLAINING “HOW THIS SCHOLARSHIP WILL ASSIST WITH YOUR FUTURE CAREER GOALS”
- _____ APPLICANT SIGNATURE AND DATE ARE INCLUDED ON THE APPLICATION FORM
- ___ DEADLINE JANUARY 31, 2020 11:59PM CST

MAIL APPLICATIONS TO:
SER SCHOLARSHIP COMMITTEE
ATTN: KELLEE HILL
P.O. BOX 8201
HERMITAGE, TN 37076

IF YOU WOULD PREFER TO COMPLETE THE APPLICATION ONLINE PLEASE USE THE FOLLOWING LINK: LINKTR.EE/SERSCHOLARSHIPS



SIGMA SOAR
FOR SUCCESS



Southeastern Region Sigma Gamma Rho Sorority, Inc
REGIONAL SCHOLARSHIP APPLICATION
(blue or black ink)

Name _____ E-Mail Address _____
Last First M.I.

Permanent Address _____ City _____ State _____ Zip Code _____

County _____ Applicant Telephone Number _____

High School Name _____ High School Address _____

Accumulative GPA _____ ACT _____ ACT Writing _____ SAT Verbal _____ SAT Math _____

College/University Intent _____ City _____ State _____
Name Address

Have you been granted admission into an institution? Yes _____ No _____

*If yes is marked, a copy of admission letter and acceptance must be included.

Signature of Applicant _____ Date _____

Parent/Guardian of Applicant _____ Date _____

Date Application Received: _____ Documents: ___ Transcript ___ Acceptance Letter ___ Essay ___ Resume ___ Reference Letters _____

Committee Member 1 Signature _____

Committee Member 2 Signature _____

Scoring: I. _____ II _____ III _____ IV _____ V _____