



**Sigma Gamma Rho Sorority, Inc.
Beta Mu Sigma, Phoenix Alumnae Chapter
Vera G. Hearn Smith Memorial Scholarship Program**

Dear Scholarship Applicant:

Thank you for your interest in our Scholarship program. This year we will award one student in the greater Phoenix area with a \$1000.00 scholarship.

Program Guidelines & Application packet Instructions:

1. In order to be eligible for the scholarship, applicants must meet the following criteria:

- Be a High School senior, undergraduate or grad student in the greater Phoenix area
- Attending a high school, 2 or 4 yr. institution in the greater Phoenix area.
- Currently holds a minimum GPA of 2.5/4.0 or equivalent.

2. Email or Mail completed application packet to:

Beta Mu Sigma Chapter of Sigma Gamma Rho Sorority, Inc. – Scholarship Committee
P.O. Box 50464
Phoenix, AZ 85076
Or

Email: Scholarship@phoenixsgrho.com

Application packet deadline is October 28, 2022, **by 4:00 p.m.** Arizona time. **Late or incomplete application packets will not be accepted.**

3. A complete application packet includes:

- Application
- All questions answered
- Resume
- Most recent Transcript
- Recommendation Letter (1) from Guidance Counselor, Academic Advisor, Community Leader or Teacher/Professor
- Signature from Guidance Counselor or Academic Advisor

Applicants will receive a confirmation email once application packet is received.

4. Application packets will be scored based on the following:

- Recommendation Letter
- Essay



- Overall Presentation
- Grade Point Average



If you have any questions about the scholarship application, please contact the Beta Mu Sigma Scholarship Committee at scholarship@phoenixsgrho.com.

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Please type or legibly write your answers.	
1.	Last Name: _____ First Name: _____
2.	Mailing Address Street: _____ City: _____ State: _____ Zip: _____
3.	Daytime Telephone Number: () _____ Email Address: _____
4.	Date of Birth: Month Day Year Gender: _____
5.	Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent school transcript is required.
6.	Please list the name and location of the high school or college/university attending:
7.	(If your resume or activities sheet answers question, please attach and skip to Question 8.) A. Please list all high school honors, awards, and achievements. B. List hobbies, extracurricular activities, and interests. C. List all volunteer participation (school and community):



8.	Is your <u>parent or legal guardian</u> a member of Sigma Gamma Rho sorority, Inc. Yes_____ No_____ If no, please indicate and skip to Question 10		
9.	A. Her full name:		
	B. Name of chapter:	C.	Year Inducted:
10.	Name & address of parent(s) or legal guardian(s): (Include address if different than your own listed in Question 2.)		
	Name: Street: City: State: Zip: Home phone of parent or legal guardian: Work phone: (Include address if different than your own listed in Question 2.) Name: Street: City: State: Zip: Home phone of parent or legal guardian: Work phone:		
11.	On a separate sheet in 6-10 sentences please answering the following questions: 1. How will this scholarship help you achieve your academic goals? 2. Tell us why education is important to you? How will your program of study help make a difference in your community? 3. How has your community service activities impacted someone else life? 4. Tell us about a personal achieve and the impact that it made? 5. Tell us why education is important to you? How will your program of study help make a difference in your community? 6. Tells us about someone whos' played a significant role in your life?		



STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the organization's scholarship program. (Winner has the right to waive photo.) I hereby understand that I will not submit this application without all required attachments and supporting information. It is understood that incomplete applications and/or applications that do not meet eligibility criteria will not be considered for this scholarship.

Notice for High School Seniors

**I acknowledge as a graduating high school senior, if selected as the winner, I hereby understand that I will not receive funds until I've successfully completed my senior year and provided proof of my collegiate enrollment.

Signature of scholarship applicant: _____ **Date:** _____

Signature of scholarship applicant's parent/legal guardian (if under 18):
_____ **Date:** _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I understand that some of my records may be protected under the Family Educational Rights and Privacy Act of 1974 (FERPA) and cannot be released without my written consent. I hereby waive all provisions of the law and privilege relating to the records described in this disclosure. I certify that this consent has been given freely and voluntarily. I may revoke this consent at any time by providing written notice of such revocation to the Beta Mu Sigma Chapter of Sigma Gamma Rho, Sorority Inc. who maintains the records of this authorization. This authorization is good for one year from the date I sign this release, unless noted differently, and photocopies of this release form may be accepted, when presented in person with appropriate identification. The person and or agency receiving this information may not disclose the information received as a result of this disclosure unless specifically authorized in the "purpose" section of this release.

Signature of scholarship applicant: _____ **Date:** _____

STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR/ACADEMIC ADVISOR

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to the Sigma Gamma Rho Scholarship Program.

Name of Guidance Counselor/Academic Advisor: _____

High School/College/University: _____

Contact information (email and phone): _____

Signature of Guidance Counselor/Academic Advisor: _____ **Date:** _____



Checklist

- Application
- Essay
- Resume/Activity Sheet
- Unofficial School Transcript(s)
- Letter of Recommendation

SUBMIT APPLICATION PACKET USING THE FOLLOWING METHOD:

1. Email as a single file or Mail completed application packet to:
Beta Mu Sigma Chapter of Sigma Gamma Rho Sorority Inc, – Scholarship Committee
P.O. Box 50464
Phoenix, AZ 85076

REMINDER:

**The deadline for this application is:
October 28t, 2022 at 4:00 p.m. Arizona time - NO EXCEPTIONS**

If you have any questions about the scholarship application, please contact the Beta Mu Sigma Scholarship Committee at scholarship@phoenixsgrho.com