



**2023-2024**

**SCHOLARSHIP APPLICATION**

EPSILON PHI SIGMA ALUMNAE CHAPTER OF  
SIGMA GAMMA RHO SORORITY, INC.



# SCHOLARSHIP APPLICATION

— EPSILON PHI SIGMA ALUMNAE



## INFORMATION

The Epsilon Phi Sigma Alumnae Chapter of Sigma Gamma Rho Sorority, Incorporated is pleased to announce its 2023-2024 Academic Scholarship Program. Since its founding in 1922, Sigma Gamma Rho Sorority has exemplified sisterhood, scholarship and service through all of our community endeavors. Our actions reflect the power of our founders' vision to the world around us. We continue to remember the vision of "Greater Service, Greater Progress" and direct our lives to create a stronger and more positive community. In keeping with the sorority's mission, Epsilon Phi Sigma Chapter will award scholarships to high school senior students exemplifying these ideals, with the purpose of assisting our future leaders in pursuing their educational goals.

The Scholarship Committee will evaluate the applicants based on the following criteria: academic achievement, community service, a personal statement, two letters of recommendation and a personal interview.

## ELIGIBILITY REQUIREMENTS

1. Applicants must be a graduating high school senior at a Metropolitan New Orleans High School (Including Orleans, Jefferson, Plaquemines, St. Bernard, St. Tammany, St. Charles, and St. John parishes).
2. Applicants must be entering college in the year of graduation.
3. Applicants must have a cumulative GPA of at least 3.0.
4. Applicants must have a minimum of 22 community service hours.
5. Applicants must be female.
6. Applicant must provide dates of Senior Day, Award Day

THANK YOU FOR YOUR INTEREST

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## REQUIRED DOCUMENTATION

- Application – Computer generated or typewritten is preferred. Handwritten applications MUST BE NEAT AND LEGIBLE. Fill in all information. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.
- A typewritten personal statement - 250 to 300 words detailing why the applicant should be this year's scholarship recipient. The statement should include any relevant information such as: scholastic achievements, commitment to the community, educational and career goals, financial need, family background, and any other pertinent information.
  - a. Must be typewritten using Times New Roman 12 pt. font with double spacing.
- Two (2) letters of recommendation – (1) a scholastic recommendation letter from staff/faculty member or your school counselor; and (2) a community service letter of recommendation from a community service representative or coordinator (both letters must be on official letterhead).
- An official high school transcript and all recorded grades for your senior year.
- Wallet size graduation or yearbook photograph. (The photograph will be used on social media and for promotional purposes. Please be certain that the photo is clear and appropriate for publication. School ID photos on regular paper are not acceptable.)
- Create a video displaying personal talent. (Example singing, dancing, make-up tutorial, painting, cooking, playing an instrument, giving a review of a book read, explaining an exercise activity). Send video via email to [epsilonphisigma.scholarship@gmail.com](mailto:epsilonphisigma.scholarship@gmail.com)

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## WHERE DO I SUBMIT MY APPLICATION?

Mail to: Sigma Gamma Rho Sorority, Inc.

Epsilon Phi Sigma Alumnae Chapter

ATTN: Scholarship Committee

P.O. Box 740173, New Orleans, LA 70174

Or email to: [epsilonphisigma.scholarship@gmail.com](mailto:epsilonphisigma.scholarship@gmail.com)

Subject line: 2023-2024 Scholarship Application.

DO NOT SEND COD's, signature required, and Next Day mail. It will not be accepted.

*All materials submitted become the property of Sigma Gamma Rho and will not be returned. For more information, contact Ashaunti Edwards by email at [epsilonphisigma.scholarship@gmail.com](mailto:epsilonphisigma.scholarship@gmail.com). Any additional questions can be sent via email or 504-475-8181 for scholarship chair Ashaunti Edwards.*

## DEADLINE

Complete applications must be received by the Epsilon Phi Sigma Alumnae Chapter of Sigma Gamma Rho Sorority, Inc. no later than March 1, 2024 at 12 p.m.

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## PERSONAL INFORMATION

First Name:

Middle Name:

Last Name:

Full Address:

Phone:

Email:

Parent/Guardian Name:

Parent/Guardian Phone:

Parent/Guardian Email:

## SCHOOL INFORMATION

High School:

Current GPA:

College To Attend:

School Activities:

Please provide contact names, phone numbers or email addresses.

Community Service:

Please provide contact names, phone numbers or email addresses.

Honors/Awards:

Please provide contact names, phone numbers or email addresses.

Applicant Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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## CHECKLIST

Please review your application packet to ensure that you have included the following:

Application is typed (or neatly printed) and signed.

Typed Personal Statement – Times New Roman 12pt. font

Letter of Recommendation from a community service representative (on official letterhead). Returned in a sealed envelope, addressed to Sigma Gamma Rho, Epsilon Phi Sigma Alumnae Chapter.

Letter of Recommendation from a staff/faculty member or school counselor (on official letterhead). Returned in a sealed envelope, addressed to Sigma Gamma Rho, Epsilon Phi Sigma Alumnae Chapter

Official high school transcript (minimum GPA of 3.0).

Community Service Student Documentation Form

Wallet size color photograph (Do not staple photograph to application.)

Created Instagram video sent via direct message to [epsilonphisigma](#).

Note: Applicants will be notified by April 1, 2024 of their status via phone call and the email provided on their application. Incomplete applications will not be considered.

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## COMMUNITY SERVICE STUDENT DOCUMENTATION FORM

Directions: Use this sheet to document your hours of service. Only service hours that include a supervising adult signature and email or phone number will be eligible for service credit.

Name:

School:

Parish:

Current Grade:

Date(s) of Completed Service:

Number of Hours:

Category:

Description of  
Community  
Service:

Adult Supervisor Signature: \_\_\_\_\_

Adult Supervisor Email: \_\_\_\_\_

Adult Supervisor Contact Number: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THANK YOU FOR YOUR INFORMATION