

SIGMA GAMMA RHO SORORITY, INC.
ALPHA LAMBDA SIGMA CHAPTER
CLEVELAND, OHIO



THE RHOMANIA PROGRAM & DEBUTANTE BALL
A Rites of Passage Program Emphasizing Academic Achievement, Civic Awareness, & Social Growth for African-American Young Women

Name: _____

School: _____

Grade: _____

****The completed Rhomania Program application, two recommendation forms, and verification of G.P.A. and class status for the 2017-2018 school year must be returned in one envelope by February 28, 2018 to:**

Mrs. Michele Franklin
17115 Glendale Ave.
Cleveland, Ohio 44128

www.sgrho1922.com
www.sgrho-als.com

**SIGMA GAMMA RHO SORORITY, INC.
ALPHA LAMBDA SIGMA CHAPTER
CLEVELAND, OHIO**

Dear Guidance Counselor & Community Member:

Sigma Gamma Rho Sorority, Inc., a national historical service sorority, founded in 1922, has provided service to the Greater Cleveland area for 75 years. With an emphasis on empowering women in all phases of their lives, the Alpha Lambda Sigma Chapter of Sigma Gamma Rho Sorority, Inc. has provided programming that has resulted in lifelong benefits for participating young girls and women. A major component of our service projects and opportunities is the Rhoer Club- a mentoring program for high school girls in the areas of education, civics, the fine arts, and social graces.

The Cleveland Alumnae Chapter of Sigma Gamma Rho Sorority, Inc. has operated a national youth development initiative known as the Rhomania Program. This rites of passage program will emphasize academic achievement, civic awareness, and social growth.

Rhomania is a nine to twelve month program directed toward African American females in the 10th and 11th grade during the 2017-2018 school year, that will incorporate the core ideas of the Rhoer Club as stated above. The culminating event for this program is The Rhomania Debutante Ball, which will be held in the spring of 2019.

We are asking for your assistance in recommending and identifying aspiring and promising female students for this endeavor. Enclosed you will find an application that may be reproduced. This information may be distributed to female students that meet the following criteria: a 2.5 cumulative G.P.A on a 4.0 grading scale, a 10th or 11th grade African-American female student for the 2017-2018 school year, and one who demonstrates good moral character as it relates to leadership potential and personal responsibility.

Your assistance is greatly appreciated. If you have any questions, please contact Michele Franklin at 216-269-0763 or michele.franklin54@gmail.com

Sincerely,

Michele Franklin

Michele Franklin
Rhomania Program Co-Coordinator

DeAnna B. Morgan

DeAnna B. Morgan
Rhomania Program Co-Coordinator

Vikki Pruitte-Sorrells

Vikki Pruitte-Sorrells
Rhomania Program Co-Coordinator



Sigma Gamma Rho Sorority, Inc. RHOMANIA PROGRAM APPLICATION

Please type or print neatly.

SECTION A – Girl Information

Name: _____
Last
First
Middle

Address: _____
Number and Street

City
State
Zip Code

Phone Number: Home (_____) _____
 Cell (_____) _____

E-mail: _____
 Date of Birth: _____ Age: _____

Parent/Guardian's Name: _____

Emergency Contact Phone Number: (_____) _____

SECTION B - Academic and Extra-Curricular Activities

School: _____ Grade Level: _____

Overall Grade Point Average: _____

School Activities

Activity	Position	Years Involved



SECTION C – Parent and Student Signature

I have read all of the information about the Rhomania Program and Debutante Ball, which is an approved program of the Alpha Lambda Sigma Chapter of Sigma Gamma Rho Sorority, Inc. All of the information that I have provided is true and accurate to the best of my ability.

Applicant Signature: _____

Date: _____

I give my child, _____, permission to participate in the Rhomania program and Debutante Ball. I understand that by signing this document I agree that my child and I will meet all of the requirements of participation, including all financial obligations. I understand that participation is voluntary, however if I remove my child from the Rhomania program I understand that all monies that have been paid will be forfeited. **No refunds after April 6, 2018.**

Parent Signature: _____

Date: _____

SECTION E – Application Checklist

- ___ Completed Application w/ parent signature
- ___ Completed Recommendation Forms (2-Teacher, Counselor, and/or Administrator)
- ___ Verification of GPA and class status (Official Transcript)
- ___ Non-Refundable Application fee of \$25.00

***All application materials must be RECEIVED by February 28, 2018.** Applications that are received after **February 28, 2018**, or received incomplete will not be considered. Upon receipt of your application, an interview will be scheduled for the girl and a parent. If the applicant is accepted into the Rhomania Program, **please remember that the Rhomania program fee of \$525.00 is due by April 6, 2018** (Money Orders or Cashier's Checks only) If the fee is not paid by **April 6, 2018**, the applicant **will not** be allowed to participate in the Rhomania Program and Debutante Ball.

Please send application materials to:

**Mrs. Michele Franklin
17115 Glendale Ave.
Cleveland, Ohio 44128**

Sigma Gamma Rho Sorority, Inc.
Rhomania Program & Debutante Ball
RECOMMENDATION FORM

Name of Applicant: _____ **Date:** _____

Please rate the student in the categories listed using the following key:
4 = Outstanding 3 = Excellent 2 = Average 1 = Below Average X = Not Observed

- | | |
|---------------------------------|------------------------------------|
| ___ Academic Performance | ___ Demonstrates Leadership Skills |
| ___ Regular Attendance | ___ Self-Discipline/Responsibility |
| ___ Participation/Dependability | ___ Quality of Written Expression |
| ___ Intellectual Ability | ___ Quality of Verbal Expression |
| ___ Initiative/Effort | ___ Individual/Independent Work |
| ___ Problem Solving Skills | ___ Completes Assignments on Time |
| ___ Level of Reading Skills | ___ Work Habits/Time Management |
| ___ Behavior/Self Control | ___ Creativity/Resourcefulness |
| ___ Works Well With Others | |

In what capacity and how long have you known the applicant?

Please write a brief statement that describes the strengths of the applicant.

Briefly describe the qualities of the applicant that need further development.

What are the first three words that come to mind that best describes this applicant?

To be completed by recommender

Name: _____

Telephone Number: _____ **Work phone Number:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Signature of Recommender: _____

Sigma Gamma Rho Sorority, Inc.
Rhomania Program & Debutante Ball
RECOMMENDATION FORM

Name of Applicant: _____ **Date:** _____

Please rate the student in the categories listed using the following key:
4 = Outstanding 3 = Excellent 2 = Average 1 = Below Average X = Not Observed

- | | |
|---------------------------------|------------------------------------|
| ___ Academic Performance | ___ Demonstrates Leadership Skills |
| ___ Regular Attendance | ___ Self-Discipline/Responsibility |
| ___ Participation/Dependability | ___ Quality of Written Expression |
| ___ Intellectual Ability | ___ Quality of Verbal Expression |
| ___ Initiative/Effort | ___ Individual/Independent Work |
| ___ Problem Solving Skills | ___ Completes Assignments on Time |
| ___ Level of Reading Skills | ___ Work Habits/Time Management |
| ___ Behavior/Self Control | ___ Creativity/Resourcefulness |
| ___ Works Well With Others | |

In what capacity and how long have you known the applicant?

Please write a brief statement that describes the strengths about the applicant.

Briefly described the qualities of the applicant that need further development

What are the first three words that come to mind that best describes this applicant?

To be completed by recommender

Name: _____

Telephone Number: _____ **Work phone Number:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Signature of Recommender: _____

APPLICATION & PARTICIPATION REQUIREMENTS

****Requirements for applying to the Rhomania Program****

- Complete Rhomania Program Application
- Submit two (2) letters of recommendations to be completed by a teacher, counselor, or administrator that is familiar with the participant. Recommendation must be submitted in original sealed envelope.
- Submit verification of G.P.A and class status for the 2017-2018 school year.
- Successfully complete Rhomania program interview- scheduled once all application materials have been received.
- Non-refundable Application Fee of \$25.00

**The completed Rhomania Program application, two recommendation forms, and verification of G.P.A. and class status for the 2017-2018 school year must be returned in one envelope by February 28, 2018 to:

Mrs. Michele Franklin
17115 Glendale Ave.
Cleveland, Ohio 44128

**Application materials received after the deadline or received incomplete will not be considered.

****Requirements of Rhomania Program Participants****

- Pay Rhomania Fee: \$525.00 by April 6,2018
- Sell \$600 in ads for Rhomania Debutante Ball Souvenir book
- Sell a minimum of two (2) tables (20 tickets) for the Rhomania Debutante Ball. Tickets will be \$60.00 each.
- **Full Participation at all events and maintaining a positive attitude throughout the entire process. Participate in all workshops, rehearsals, and activities including community service and fundraising**
- Create scrapbook of experiences-each participant will be assigned a table at the Rhomania Debutante Ball for Scrapbook and other materials
- Purchase approved Rhomania Debutante Ball Gown and Accessories.
- Personal maintenance of character and integrity- In an effort to maintain the integrity of the Rhomania Program and each individual young woman, participants must maintain the marital and maternal position fitting for a young women being introduced to society

If you have any questions, please contact Michele Franklin, 216-269-0763



www.sgrho1922.com
www.sgrho-als.com

RHOMANIA PROGRAM

CALENDAR--*an example of activities*

Late April/May June

Rhomania Induction
Parent and Deb Meeting
Community Service or Cultural Activity

July

Retreat
Submission of Escort Information
Community Service or Cultural Activity

August

Charm & Etiquette Workshops: Debutantes & Escorts
Fashion Show of Approved Gowns
Community Service or Cultural Activity

September

Mother (Mother Figure) /Daughter Activity
Workshop
Community Service or Cultural Activity

October

Father (Father figure)/Daughter Activity
Workshop
Dance Rehearsals Begin

November

Rhomania Pre-Kwanzaa and Family Celebration
ADS for Booklet DUE

December

Holiday Affair with Escorts

January

Debutante Ball Rehearsals- dance lessons, etiquette, etc. (once a week)

February

Debutante Ball Rehearsals- dance lessons, etiquette, etc. (once a week)

- Presentation of Scrapbook materials to Rhomania Program Advisors.

March

Debutante Ball Rehearsals- dance lessons, etiquette, etc. (once a week)

- Full Rehearsal and

April 2019

Rhomania Debutante Ball!



RHOMANIA PROGRAM APPLICATION

**Write a biography about yourself that includes personal information, academic and co-curricular activities/ achievements, future goals and interests/ hobbies.
(three paragraphs)**