

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

SCHOLARSHIP APPLICATION

Student Name _____

Student Address _____

City _____ State _____ Zip _____

Student Telephone () _____ - _____ (H) () _____ - _____ (C)

Student Email _____

Student Date of Birth M _____ D _____ Y _____

Current High School _____

Cumulative G.P.A. _____

Special Honors/Leadership Positions

Extracurricular Activities/ Community Volunteer Involvement

Anticipated College _____

Please print neatly with blue or black ink.