

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.