SIGMA GAMMA RHO SORORITY, INC. ALPHA BETA SIGMA

PORTSMOUTH ALUMNAE CHAPTER

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Scholarship Application Package 2025

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**Sigma Gamma Rho Sorority, Inc.**

In the year of 1922, seven vivacious educators came together on the campus of Butler University in Indianapolis, Indiana and organized Sigma Gamma Rho Sorority, Inc. These ladies had a mutual desire of fulfilling certain needs living by ethical standards and rendering unselfish service to make a better society. They sought unity among college educated black women, on a predominantly white campus, to uphold the standards of scholarship, personality, character, purpose, self-respect, moral responsibility and rendering unselfish service to make a better society. Despite direct racialized opposition, our seven founders persevered, against all odds. It was the goal of these seven visionaries to create an organization which would both embrace and imbue high standards of scholarship.

The Alpha Beta Sigma Portsmouth Alumnae Chapter was chartered on May 4, 1940, and was reactivated on October 20, 2014. We continue to be dedicated to continuing in the footsteps of our founders to promote high scholastic attainment and improvement of the quality of lives in the society in which we live.

Sigma Gamma Rho Sorority, Inc. is a predominantly Black, nonprofit, collegiate organization with its focus on scholarship and community service for over 100 years. Every member of Sigma Gamma Rho Sorority, Inc. continues to commemorate that purpose as expressed by our slogan, “Greater Service, Greater Progress.”

Presentation of scholarships is tentatively scheduled for June 22, 2025, Additional information will be forthcoming.



**GUIDELINES FOR SCHOLARSHIP AWARD**

Applicant (male or female) must:

1. Plan to enter a four (4) year accredited college/university.
2. Be a high school graduating senior at the time of application submission. 3. Submit an official transcript of your high school record.
3. Apply through the Alpha Beta Sigma Chapter, Sigma Gamma Rho Sorority, Inc.
4. Return application before **May 10, 2025.**
5. Submit 2 or 3 letters of recommendation.
6. Submit a 500-word, double space, size 12 font, Times New Roman print autobiographical essay to include:
7. Applicant's name, address, phone number, email address, date of birth, name of current school and name of parents/guardian.
8. High school currently attending.
9. College planning to attend.
10. Course of study including grade point average.
11. Community /church affiliations and involvement activities.
12. Awards and honors received.
13. Future aspirations.
14. Reasons why you should receive this award.
15. School Photo or Professional Headshot

**Additional information may be received by contacting Jasmaine Horn, Chair. Mrs. Horn’s contact information: Email to: scholarship.abs22@gmail.com Contact number: 757-679-9285**

**The Scholarship Committee Only:**



**Attach Photo Here**

**Date received:** Click or tap to enter a date.

**Soror Initials:** Click or tap here to enter text.

**(For Chapter Use Only)**

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Description automatically generated**Alpha Beta Sigma Chapter of Sigma Gamma Rho Sorority, Inc.**

**Application Form**

*[Please use pen or type]*

**Applicant:**

**1. Name in full (please print)**

* 1. First, Last, Middle Name: Click or tap here to enter text.

**2. Home Address:**

1. Number and Street: Click or tap here to enter text.
2. City, State, Zip Code: Click or tap here to enter text.

**3. Home Telephone #:** Click or tap here to enter text.

**4. Cell Phone #:** Click or tap here to enter text.

**5. Email Address:** Click or tap here to enter text.

**6. Sex**: Male Female  non-Binary (select one)

**7. Age:** Click or tap here to enter text.

**8. Date of Birth:** Click or tap to enter a date.

**9. From what high school will you graduate?** Click or tap here to enter text.

**a. When?** Click or tap to enter a date.

**10. What College do you plan to attend?** Click or tap here to enter text.

**11. What are your plans for future?** Click or tap here to enter text.

**12. What has been your participation in high school, church, community organization, or extracurricular activities?**

**Please List them:** Click or tap here to enter text.

**13. Have you been the recipient of other honors or awards?** Yes No

**a. If yes, give details:** Click or tap here to enter text.

**14. Academics:** Attach a copy of your transcript to this form and have your teacher, pastor, coach, counselor, or dean, etc. (at least 2 of these) forward a Letter of Recommendation to the Committee at the address listed below or attach it to your application. (These letters must be received by the deadline **below**.)

|  |
| --- |
| Please check carefully to be sure you have responded to **ALL** categories on this form. The Scholarship Application must be **received or postmarked** at the address below on or before **May 10, 2025.** |

By signing this application, I hereby authorize and permit the Scholarship Committee of Alpha Beta Sigma Chapter of Sigma Gamma Rho Sorority, Inc. to release my name, use my picture, parent(s)/guardian’s names and hometown in the newspaper or any publication showcasing the awarded scholarship.

* **Applicant’s Signature:** Click or tap here to enter text.
* **Parent’s Initials:** Click or tap here to enter text.
* **Date:** Click or tap to enter a date.

**Return completed application package to:** Alpha Beta Sigma Chapter, Sigma Gamma Rho Sorority, Inc., c/o Jasmaine Horn, P.O. Box 41479 Norfolk, VA 23502

**Email to:** **scholarship.abs22@gmail.com** Phone contact number: **757-679-9285**



**Alpha Beta Sigma Chapter of Sigma Gamma Rho Sorority, Inc. MEMORANDUM**

TO: Principal or Counselor

From: Click or tap here to enter text. (**Student’s name placed here)**

One of your senior class members, whose signature appears below, has applied for a scholarship from Alpha Beta Sigma Chapter of Sigma Gamma Rho Sorority, Inc.

The records will be kept in strict confidence and used only by the Scholarship Committee to determine winners.

|  |
| --- |
| Please make sure that the student’s transcripts include their **SAT SCORES and GPA’S.** We’ve had prior experience where the above-mentioned scores were not included in the student’s transcript, which caused the application to be considered incomplete. |

Transcript information must be received on or before **May 10, 2025,** which is the deadline for the Scholarship Application, or the entire application will be considered incomplete.

The applicant has indicated by his or her signature below approval of this request. Thank you for your cooperation.

**Applicants Signature:** Click or tap here to enter text. **Date:** Click or tap to enter a date.

**Address**: Click or tap here to enter text.

**City, State, Zip Code:** Click or tap here to enter text.

**Packet may also be mailed or emailed to:** Alpha Beta Sigma Chapter, Sigma Gamma Rho Sorority, Inc., c/o Jasmaine Horn, P.O. Box 41479 Norfolk, VA 23502 Phone: 757-679-9285**.**

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**SIGMA GAMMA RHO SORORITY, INC.**

**ALPHA BETA SIGMA CHAPTER**

**CONSENT TO PUBLISH SCHOLARSHIP INFORMATION**

**I,** Click or tap here to enter text.**, hereby give Alpha Beta Sigma Chapter of Sigma Gamma Rho Sorority, Inc., full rights to publish my name, pertinent family information, college I am attending, photographs and college update information.**

**I understand that by execution of this agreement, my participation with Alpha Beta Sigma Chapter of Sigma Gamma Rho Sorority, Inc., is voluntary.**

**I am relinquishing my rights to any compensation for reproduction, publication, or use of above information by Alpha Beta Sigma Chapter of Sigma Gamma Rho Sorority, Inc., in its print or electronic correspondence, or on its website.**

**I hereby waive my rights to review or approve the modification of the above information.**

**I hereby authorize Alpha Beta Sigma Chapter to exhibit, publish and distribute my photo for the purpose of publicizing its community outreach programs or any other related lawful purpose.**

**I have read and understand the above photo release. I affirm that I am at least 18 years of age, or, if under 18 years of age, I have obtained the required consent of my parents/guardians as evidenced by their signature below.**

* + **Print Name:** Click or tap here to enter text.
  + **Signature:** Click or tap here to enter text. **Date:** Click or tap to enter a date.
  + **Parent Signature:** Click or tap here to enter text.**Date:** Click or tap to enter a date.