

# SIGMA ALPHA RHO ALUMNI SCHOLARSHIP AWARD

Current dues paying members of the Alumni Association may apply for **themselves**, or their **children** or their **grandchildren**. All children or grandchildren applying must be by birth or legal adoption to the alumnus. Several awards ranging from \$500 up to \$1500 will awarded. All applicants must be entering into or already enrolled at an institution of higher learning after having finished high school. (ie. College, trade school, etc.)

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Alumnus Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Chapter: \_\_\_\_\_

Applicants Name: \_\_\_\_\_

Relation to Alumnus: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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## NAME AND ADDRESS OF HIGHER LEARNING INSTITUTION YOU WILL BE ATTENDING:

Name and address of Institution:

Yearly Tuition \$ \_\_\_\_\_

Approximate Yearly Living and

Food Expense \$ \_\_\_\_\_

Please Check:  Graduate School  Undergraduate School

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**HIGH SCHOOL ATTENDED:**

**\*\*\* TRANSCRIPT MUST BE ENCLOSED OR SENT FOR APPLICANTS TO BE CONSIDERED.**

If you just graduated high school, include transcript. If you graduated high school prior to this year, include your most recent transcript from the institution that you are attending.

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**HIGH SCHOOL ACTIVITIES:**

Sports:

Clubs or Organizations:

Other:

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**ACTIVITIES OUTSIDE OF HIGH SCHOOL:** (Use separate sheet if needed)

Clubs or Organizations

Work

Religious

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**AWARDS AND OTHER HONORS:** (Use separate sheet if needed)

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**FINANCIAL NEED:** (Explain if Applies)

Have you applied to FAFSA  Yes  No. If yes, have you received any Federal Student Aid or Pell Grants. Please explain amounts etc.

Have you received any scholarships or awards from the institution you are attending or any others.  Yes  No. If yes, please explain from who and amounts receiving.

Have you applied and or received any financial aid loans.  Yes  No. If yes, please explain from who and amounts.

Are your parents or any other relatives paying partial or full amount of your tuition.  Yes  No. If yes please advise amounts.

Are you paying any portion of your yearly tuition and expenses from your personal savings or from a student work program?  Yes  No. If yes please advise amount.  
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Is there anything else (illness, family situations, siblings in paying institutions at same time, etc.) that would negatively affect family finances, increase the need for scholarship support. Please detail.

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*I affirm that all information provided is true and accurate to the best of my knowledge.  
(please sign below)*

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Alumnus: \_\_\_\_\_ Date: \_\_\_\_\_

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**APPLICATIONS MUST BE RECEIVED NO LATER THAN SEPTEMBER 1st.**

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*Application to be mailed to:*

**Bro. Steve Greenberg  
196 Hogeland Road  
Southampton, PA 18966**

*Or E-Mail To:*    **sg196@aol.com**

**All Information will be kept in strict confidence.**

Fraternally,