



SCHOLARSHIP FUND PROGRAM 2024

Kappa Lambda Sigma
Chapter will award five (5)
\$250 textbook/supplies
scholarships

DUE APRIL 15TH

ELIGIBILITY CRITERIA

- Must be a graduating high school or returning college student
- Minimum grade point average of 2.0
- Must attend a two- or four-year education institution

**For more information or questions,
visit www.klssgrho.com/scholarship
OR scan the QR Code.**



Sigma Gamma Rho – Kappa Lambda Sigma Chapter Scholarship

Sigma Gamma Rho - Kappa Lambda Sigma Chapter will provide a \$250.00 scholarship to five individuals pursuing two-year or four-year degree at an accredited college or institution during their senior year of High School or while enrolled in college. Applications must be submitted to the Sigma Gamma Rho – Kappa Lambda Sigma Chapter Scholarship Fund Ad-Hoc Committee by April 15th. All information submitted will be held in confidence and used solely for scholarship administration.

Criteria and Eligibility:

1. Applicant must be pursuing a two-year or four-year degree at an accredited college or institution.
2. Applicant must have a “C” average or a 2.0 minimum GPA.
3. Applicant must provide a 250-word (minimum) essay detailing why they are pursuing a degree in and what factors in their lives contributed to this decision ** For returning students, detail why you have decided to return to complete your degree. Essay may be typed or handwritten. The essay must be original thoughts of the applicant, in the applicant’s own words, written by the applicant.
4. Applicant must provide a transcript of courses and grades. *High School Students* This transcript must include your high school attendance record. Please ask your school to provide an official report if your transcript does not include your attendance record.
5. The selected scholarship recipients must provide proof of enrollment/registration at an accredited institution before scholarship funds will be released. All funds are submitted directly to the institution and designated towards textbooks.

Instructions:

6. You must print the application or request a copy. Make sure your handwriting is legible.
7. Complete all information. Failure to do so may result in elimination.
8. Final candidates will be contacted for a personal interview with the scholarship committee, which may be conducted remotely.
9. Successful applicants will be asked to attend recognition and presentation when the scholarship is granted.
10. You should review your application, attachments, and essay to ensure completeness and accuracy.
11. Completed applications are to be submitted by April 15th to klsscholarshipfund@gmail.com

Sigma Gamma Rho – Kappa Lambda Sigma Scholarship Application

Please type or print all your answers neatly in ink. Completed applications may be emailed to klsscholarshipfund@gmail.com. The Scholarship application, Essay, and unofficial transcript/record of current academic standing must be received by April 15th at the email address listed above.

1. Name _____
Last First M.I.

Email _____

Phone _____

Mailing Address _____
Number and Street Apt#

_____ City State ZIP

2. What year did/will you receive your high school diploma or GED? _____

_____ High School Name or GED County City AL

3. Current GPA _____
High School GPA Undergraduate GPA Graduate GPA

4. Applicant must currently be accepted into or registered at a college or university.

_____ Name of College or University Major Field Degree Type Expected Degree Date

5. Do you participate in any community service within your community? If so, please provide the details:

CERTIFICATION. ALL APPLICANTS: I certify that all information I have provided on this form is true and complete to the best of my knowledge. I agree to give proof of the information on this application if requested, including providing evidence of enrollment/registration at the college or university of my choice before the scholarship funds are released. I permit selection committees to review information on this form, my transcripts, and any additional supporting documentation submitted as part of this application. I authorize the selection committee to contact the high school and/or college officials for additional academic information if chosen for the scholarship award.

Signature

Date