



Sigma Gamma Rho Sorority, Inc. (www.sgrho1922.org)
Delta Nu Sigma Chapter - Westchester County Alumnae
P.O. Box 3367, Mt. Vernon, NY 10550
www.deltanusigma.org deltanusigma@hotmail.com

Debutante Application

Overview of Organization

Sigma Gamma Rho Sorority is a nonprofit service, social organization and sisterhood that maintains a high standard in public service, leadership development and education of youth, which are the hallmarks of the organization's programs and activities. Founded at Butler University on November 12, 1922, the sorority's mission is to enhance the quality of life within the community. Sigma Gamma Rho addresses concerns that impact society educationally, civically, and economically.

The Westchester County Alumnae Chapter, Delta Nu Sigma, was chartered on May 3, 1975. In keeping with the ideals and foundation of the organization, the chapter is committed to the uplift and enhancement of the quality of life within the African American community.

Eligibility

Candidate must be a junior or senior enrolled in an accredited Westchester County or nearby County high school. Candidate may not be married nor have children. In addition, candidate:

- If selected, be available for a personal interview on **November 19 or 20, 2011**.
- Must submit all required materials including: debutante application form, application fee, letters of recommendation, essay, photo, and an official transcript to evidence a minimum of 2.5 on a 4.0 grade scale. This minimum must be maintained throughout the program.
- Must pay a participation fee to cover part of the debutante's expenses.
- Must sell and pay for one table of 10 dinner tickets.
- Must pay a non-refundable application fee of \$25. **Note:** a fee of \$25 will be charged for any check returned for insufficient funds.

To be considered complete, the application must be accompanied by "**ALL**" of the following:

- Debutante Application
- Application Fee
- A letter of recommendation from a community source
- A letter of recommendation from a school official (i.e. teacher, guidance counselor, principal)
- A 200 - 300 word essay addressing why you would like to participate in a debutante cotillion
- A 5 x 7 color photo
- A sealed copy of your official high school transcript

Please indicate how you became aware of this scholarship program.

- School Church Sorority Member E-mail Mail Other (please list):

The application must be submitted in its entirety and must be **postmarked by November 12, 2011**.
Incomplete applications will not be considered.

Mail completed application package to:
Cotillion Planning Committee
Sigma Gamma Rho Sorority, Inc.
Delta Nu Sigma Chapter
P.O. Box 3367
Mt. Vernon, NY 10550

Debutante Information

Application will not be considered unless all information on this form is **completed in full** and all requested documentation is provided. **Please type or print clearly. Use only the space provided on this form to answer the questions.**

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail _____

Parent or Guardian Name _____

Home Phone _____ Cell Phone _____

E-mail _____

Name of College You Plan to Attend _____

Location: _____ Anticipated Major: _____

Name of High School _____

Address _____

Principal _____ Guidance Counselor _____

Current Grade: _____ G.P.A: _____

Anticipated Graduation Date ____ / ____ / ____

High School Activities: Please list activities and year(s) of participation. Use this space only.
Examples: sports teams, clubs, band, drama, choral, orchestra, yearbook, school newspaper.

1. _____

2. _____

3. _____

4. _____

5. _____

Community Activities and Volunteer Work: Please list community activities and volunteer work and hours, day(s) or year(s) of participation. Do not list one time activities or events. *Examples: scouting, community service projects, community volunteerism, religious youth groups, youth counseling.*

1. _____
2. _____
3. _____
4. _____
5. _____

Certification and Release Authorization

The following information must be completed for the applicant to be considered for a scholarship award.

I certify this information is true, complete and accurate. I also authorize the release of this information to confirm and/or verify this application. I agree to use any scholarship funds awarded at an accredited educational institution.

Signature _____
(Candidate)

Date ____/____/____

Signature _____
(Parent or Guardian, if candidate is under 18 years of age)

Date ____/____/____