



ATLANTA PHILANTHROPIC PROGRAM  
FOR EDUCATION AND LEADERSHIP

**ATLANTA PHILANTHROPIC PROGRAM FOR EDUCATION AND LEADERSHIP  
FOUNDATION, INC.**

of the Iota Zeta Sigma Alumnae Chapter  
of Sigma Gamma Rho Sorority, Inc.

**2014-2015 APPEAL Foundation Scholarship Application Packet**

The Atlanta Philanthropic Program for Education and Leadership (APPEAL) Foundation, Inc.  
P.O. Box 451102 ▪ Atlanta, GA 31145 ▪ [appeal@IotaZetaSigmaSGR.org](mailto:appeal@IotaZetaSigmaSGR.org)



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**About the APPEAL Foundation**

In a time when education for African-Americans was difficult to attain, the founders of Sigma Gamma Rho Sorority, Inc. became educators. They believed self-respect, knowledge and discipline gained through study would help individuals recognize their duty and responsibility to their society. Thus, Sigma Gamma Rho was founded on the precept of education and continues to promote and encourage high scholastic attainment. In 1984 the Sigma Gamma Rho Sorority National Education Fund, Inc. (NEF) was created. NEF was designed to ensure perpetual support for its commitment to education and for research in education, health and related fields.

Following in the tradition of Sigma Gamma Rho and the NEF, in 2005 the Atlanta Philanthropic Program for Education and Leadership (APPEAL) Foundation, Inc. was created by the Iota Zeta Sigma (North Atlanta) Alumnae Chapter. The APPEAL Foundation Scholarship Fund, an APPEAL initiative, was designed to provide financial support to aspiring scholars within the metropolitan Atlanta community.

**Sigma Gamma Rho Sorority, Inc. Mission Statement**

Sigma Gamma Rho Sorority's aim is to enhance the quality of life within the community. Public service, leadership development and education of youth are the hallmarks of the organization's programs and activities. Sigma Gamma Rho addresses concerns that impact society educationally, civically and economically.

**APPEAL Foundation Mission Statement**

The APPEAL Foundation is dedicated to the empowerment and education of women and children by providing educational, social and leadership development in the form of scholarships, grants, tutoring, workshops and volunteerism.

For more information on the APPEAL Foundation, the Iota Zeta Sigma Alumnae Chapter or Sigma Gamma Rho Sorority, Inc., visit [www.facebook.com/SGRhoAtlIZS](http://www.facebook.com/SGRhoAtlIZS) or send an email to [appeal@iotazetasigmasgr.org](mailto:appeal@iotazetasigmasgr.org).

## APPEAL Foundation Scholarship Requirements

Scholarships will be awarded annually based on available funding, and are limited to graduating high school seniors/incoming college students. All scholarships are one-time awards. All awards are distributed directly to the student recipient. Students **cannot** apply directly to Iota Zeta Sigma Alumnae Chapter or Sigma Gamma Rho Sorority, Inc. for scholarship monies.

APPEAL Foundation Scholarship Awards are merit-based, but are also based on financial need and extracurricular activities. Each student interested in applying for an APPEAL Foundation scholarship must meet the following criteria:

- A citizen of the United States of America;
- Full-time student currently attending a DeKalb County or Gwinnett County high school;
- Full-time student pursuing a degree in any discipline at an accredited college or university within the continental United States of America;
- Demonstrated commitment to academic excellence and community service with a high school GPA of not less than 3.0; a minimum combined reading/math/writing score of 1800 or more on the Scholastic Aptitude Reasoning Test (SAT); or a score of 27 or higher on the American College Testing (ACT) examination;
- Recommended by high school as academically exceptional or outstanding in the creative and performing arts; and
- Demonstrated financial need.

### How to Apply for the 2014-2015 APPEAL Scholarship:

1. All applicants must be enrolled or accepted (and plan to enroll) at an accredited college or university within the continental United States of America.
2. Applicants should obtain an application from the APPEAL Foundation by sending an email to [appeal@iotazetasigmasgr.org](mailto:appeal@iotazetasigmasgr.org).
3. All applications must be printed clearly or typed.
4. Applications should be submitted along with the required attachments to the following address:  
The APPEAL Foundation, Inc., P. O. Box 451102, Atlanta, GA 31145.

### Required Documents

- High School Transcript
- Recommendation Letters (three)
- Essay

### Evaluation Criteria

The APPEAL Foundation will select scholarship recipients based upon the following criteria:

Grade Point Average (GPA)	20 points
Letters of recommendation	Required
Essay (maximum 500 words)	20 points
Applicant activities and work experience during school year and summer breaks	25 points
Financial need	20 points
Composite application	10 points
SAT/ACT results	5 points
<b>Total</b>	<b>100 points</b>

# PART I

# APPLICANT INFORMATION

## SECTION A. General Information (please print or type; items in **bold** must be completed)

**Name** \_\_\_\_\_  
Last First Middle

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security Number** \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
MM/ DD/ YYYY

**Gender**  Male  Female

**Permanent Address** \_\_\_\_\_  
\_\_\_\_\_  
City County ZIP Code

**Mailing Address\*** \_\_\_\_\_  
\_\_\_\_\_  
City County ZIP Code

\* Complete if mailing address is different from permanent address

**Telephone** DAY: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ EVENING: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Email** \_\_\_\_\_

**Are you a citizen or legal resident of the United States?**  YES  NO

**Ethnicity (OPTIONAL)**  African American  White, Non-Hispanic  
 Hispanic  Native-American  
 Other

### Emergency Contact Information

**Name** \_\_\_\_\_  
Last First M.I.

**Address** \_\_\_\_\_  
\_\_\_\_\_  
City County ZIP Code

**Telephone** DAY: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ EVENING: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

# PART I

# APPLICANT INFORMATION

<b>Applicant Name</b>	_____	_____	_____
	Last	First	M.I.

**High School** \_\_\_\_\_

**Street Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City County ZIP Code

**Dates of Attendance**    \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **Expected Date of Graduation**    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

MM/DD/YYYY      MM/DD/YYYY      MM/DD/YYYY

**Anticipated Major (Briefly describe any specific areas of concentration):**

--

**Are you currently planning to attend college next academic year?**       Yes       No

**If no, when do you plan to enroll/attend?**

**If yes, which of the following do you plan to attend?**

two-year institution       four-year institution       trade school

**Please list all colleges/universities to which you've been accepted, and attach copies of your acceptance letters.**

_____	_____
_____	_____
_____	_____

**Briefly explain your collegiate selection:**

--

# PART I

# APPLICANT INFORMATION

<b>Applicant Name</b>	_____	_____	_____
	Last	First	M.I.

**SECTION B. Activities and Awards** (please print or type; items in **bold** must be completed)

**Extracurricular Activities**

	Name of Organization/Group/Sport	Location	Years Involved	Positions Held
1				
2				
3				
4				
5				

**Community Service/Volunteer Activities**

	Name of Organization/Group	Location	Years Involved	Positions Held
1				
2				
3				
4				
5				

**Honors/Awards/Achievements** (Please list in order of importance to you and include dates of recognition)

	Name of Award	Year(s) Received
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

# PART II

# ACADEMIC INFORMATION

<b>Applicant Name</b>	_____	_____	_____
	Last	First	M.I.

**!** This section should be completed and signed by the high school counselor. Please attach an official high school transcript and/or copy of GED certificate (if applicable) and college acceptance letters (if applicable). Items in **bold** must be completed.

**High School** \_\_\_\_\_

**Street Address** \_\_\_\_\_

\_\_\_\_\_

City County ZIP Code

**Counselor Name** \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email Address \_\_\_\_\_

**Dates of Attendance** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

**Expected Date of Graduation** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM/DD/YYYY

**Cumulative GPA:** \_\_\_\_\_ **On a** \_\_\_\_\_ **scale**

**Standardized Test Scores** (Please attach a copy of results.)

**SAT** Math: \_\_\_\_\_ Reading: \_\_\_\_\_ Writing: \_\_\_\_\_

**ACT** Math: \_\_\_\_\_ Reading: \_\_\_\_\_ English: \_\_\_\_\_

I certify that the information I have provided is true and complete to the best of my knowledge. I realize that if complete and accurate documentation is not provided, the Applicant may be deemed ineligible for the 2014-2015 APPEAL Scholarship.

**High School Counselor** \_\_\_\_\_  
(Please Print)

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

# PART III

# FINANCIAL INFORMATION

<b>Applicant Name</b>	_____	_____	_____
	Last	First	M.I.

**!** This page is to be completed by the applicant, along with parent or guardian. The information collected on this page may be used to help determine the recipient of the scholarship. Please attach a copy of financial aid award letter(s), if applicable. Items in **bold** must be completed.

**What is your total anticipated financial need for each academic year? How much money is required for tuition, supplies, housing, and food? Please be as specific as possible.**

--

**What other financial resources do you have for college? Please check all that apply.**

- Parental/Guardian Support
- Personal Wages
- Grants
- Scholarships
- Student Loans
- Other \_\_\_\_\_

**Are you currently employed?**     **Yes (Please list current employer.)**     **No**

<b>Employer</b>	<b>Location</b>	<b>Position/Description</b>

**Please list any other scholarships and/or grants that you have been awarded:**

<b>Name of Scholarship</b>	<b>Amount</b>



**PART IV**

**PARENT/GUARDIAN INFORMATION**

<b>Applicant Name</b>	_____	_____	_____
	Last	First	M.I.

**Father/Guardian:** (please print or type; items in **bold** must be completed)

**Name** \_\_\_\_\_

Last First MI

**Street Address** \_\_\_\_\_

\_\_\_\_\_

City County ZIP Code

**Mailing Address\*** \_\_\_\_\_

\_\_\_\_\_

City County ZIP Code

\* Complete if mailing address is different from permanent address.

**Telephone Number** Day (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Evening (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Email Address:** \_\_\_\_\_

**Adjusted Gross Income from 2013 (or 2012 if not available) IRS Form 1040:** \_\_\_\_\_

**Mother/Guardian:** (please print or type; items in **bold** must be completed)

**Name** \_\_\_\_\_

Last First MI

**Street Address<sup>+</sup>** \_\_\_\_\_

\_\_\_\_\_

City County ZIP Code

**Mailing Address\*** \_\_\_\_\_

\_\_\_\_\_

City County ZIP Code

\* Complete if mailing address is different from permanent address.

**Telephone Number** Day (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Evening (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Email Address:** \_\_\_\_\_

<sup>+</sup> Leave blank if information is the same for both parents

**Adjusted Gross Income from 2013 (or 2012 if not available) IRS Form 1040:** \_\_\_\_\_

**How many dependent household members are currently attending college?** \_\_\_\_\_

We certify that the information we have provided is true and complete to the best of our knowledge. If required, we agree to provide proof of the information, including copies of income tax returns. We realize that if complete and accurate documentation is not provided, the Applicant may be deemed ineligible for this scholarship.

**Parent/Guardian** \_\_\_\_\_

(Please Print)

**Signature of Parent or Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

# PART V

# LETTERS OF RECOMMENDATION

<b>Applicant Name</b>	_____	_____	_____
	Last	First	M.I.

## SECTION A: Letter of Recommendation 1

Each applicant is to submit **three** letters of recommendation, two of which must be from an academic official (i.e. teacher, counselor, principal, etc.), and one from the following categories:

- A. A supervisor/manager by whom you are currently or were previously employed
- B. A supervisor/manager/coach with whom you worked while performing voluntary/community/extracurricular activities
- C. A community leader or mentor with whom you have worked for a minimum of two years

Each letter of recommendation must thoroughly describe how the recommender is related to the applicant

**Name of person furnishing recommendation:** \_\_\_\_\_

**Relationship to applicant:** \_\_\_\_\_

*The letter of recommendation must be sealed and the person furnishing recommendation must provide a signature over the seal. Please note: all letters must be collected by applicant and submitted along with complete application package.*

# PART V

# LETTERS OF RECOMMENDATION

<b>Applicant Name</b>	_____	_____	_____
	Last	First	M.I.

## SECTION A: Letter of Recommendation 2

Each applicant is to submit **three** letters of recommendation, two of which must be from an academic official (i.e. teacher, counselor, principal, etc.), and one from the following categories:

- A. A supervisor/manager by whom you are currently or were previously employed
- B. A supervisor/manager/coach with whom you worked while performing voluntary/community/extracurricular activities
- C. A community leader or mentor with whom you have worked for a minimum of two years

Each letter of recommendation must thoroughly describe how the recommender is related to the applicant

**Name of person furnishing recommendation:** \_\_\_\_\_

**Relationship to applicant:** \_\_\_\_\_

*The letter of recommendation must be sealed and the person furnishing recommendation must provide a signature over the seal. Please note: all letters must be collected by applicant and submitted along with complete application package*

# PART V

# LETTERS OF RECOMMENDATION

<b>Applicant Name</b>	_____	_____	_____
	Last	First	M.I.

## SECTION A: Letter of Recommendation 3

Each applicant is to submit **three** letters of recommendation, two of which must be from an academic official (i.e. teacher, counselor, principal, etc.), and one from the following categories:

- A. A supervisor/manager by whom you are currently or were previously employed
- B. A supervisor/manager/coach with whom you worked while performing voluntary/community/extracurricular activities
- C. A community leader or mentor with whom you have worked for a minimum of two years

Each letter of recommendation must thoroughly describe how the recommender is related to the applicant

**Name of person furnishing recommendation:** \_\_\_\_\_

**Relationship to applicant:** \_\_\_\_\_

*The letter of recommendation must be sealed and the person furnishing recommendation must provide a signature over the seal. Please note: all letters must be collected by applicant and submitted along with complete application package*

<b>Applicant Name</b>	_____	_____	_____
	Last	First	M.I.

Choose ONE of the following essay topics. Each applicant is required to submit one essay, which must be 500 words maximum, double-spaced, 12 pt. font, with 1" margins. Please be sure to include your name, email address and essay number at the top of each page.

1. What are your long-term goals and how do you hope to achieve them? Discuss your major area of study and area of specialization in college and the occupation you intend to pursue after graduation. The essay may also include any other information that is relevant to your career plans.
2. Describe the experiences that have influenced your decision to pursue your intended career choice and how these experiences will help you.
3. Explain the importance of your (intended) major in today's society.
4. What are the most important issues your intended field is facing today?
5. What do you consider to be the single most important societal problem? Why?
6. Discuss a special attribute or accomplishment that sets you apart from others.

**PART VII**

**APPLICANT ACKNOWLEDGEMENT**

<b>Applicant Name</b>	_____	_____	_____
	Last	First	M.I.

**This page must be signed and dated by applicant.**

I certify that the information I have provided is true and complete to the best of my knowledge. If required, I agree to provide additional proof of the information. I realize that if documentation is not provided, or is determined to be inaccurate, I may be deemed ineligible for the 2014-2015 APPEAL Foundation Scholarship.

**Student/Applicant** \_\_\_\_\_  
(Please Print)

**Student/Applicant Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PART VIII

## APPLICATION CHECK LIST

To ensure that your application is considered by the APPEAL Foundation, use this checklist to make sure that all parts of your application are completed and all required materials are included.

**Incomplete packets or those not postmarked by March 13, 2015 will NOT be considered.**

### Did You ...

- Read and review all requirements?
- Check U.S. citizenship/residency status?
- Complete student information pages?
- Include copies of your acceptance letter(s)?
- List any activities and awards, honors, and extracurricular activities?
- Have your school counselor complete and sign academic information page?
- Obtain verification of your GPA (transcript) and standardized test scores?
- Complete financial information page?
- Have your parents/guardians complete and sign parent/guardian information page?
- Obtain three (3) letters of recommendation:
  - Two (2) from academic officials (i.e. teacher, counselor, principal, etc.)?
  - One (1) from a supervisor/manager by whom you are currently or were previously employed, or a supervisor/manager/coach with whom you worked while performing voluntary/community/extracurricular activities?
- Complete required essay?
- Read and sign applicant acknowledgement page?
- **Make sure the entire packet contains appropriate postage?**
- **Postmark application packet by March 13, 2015?**

**Remember to mail it to:  
APPEAL Foundation, Inc.  
P. O. Box 451102  
Atlanta, GA 31145**

If you have any questions about completing your application, please contact the APPEAL Foundation at [appeal@IotaZetaSigmaSGR.org](mailto:appeal@IotaZetaSigmaSGR.org).