

Phi Sigma Rho Foundation P.O. Box 7021 Westchester, IL 60154 www.phisigmarhofoundation.org

October 1, 2019

Dear Sister,

Thank you for interest in the 2020 Phi Sigma Rho Foundation Sarah Rogers McClure Memorial Scholarship. Enclosed is the application.

Actives and alumnae who have been initiated into a chartered chapter of Phi Sigma Rho National Sorority are eligible for scholarships while in pursuit of higher education. However, members of the Phi Sigma Rho Foundation Board of Directors, Phi Sigma Rho Foundation Scholarship Selection Committee, and Phi Sigma Rho Foundation volunteers are not eligible to apply. In addition, applicants may only receive one scholarship award per application period.

Selection of this scholarship will be made to recognize a sister who always puts others first and takes action because it is the right thing to do, not for attention or personal gains. The ideal recipient will also be active in Phi Sigma Rho, as well as participate in community service or other meaningful activities. Although academic achievement is not considered in determining the winner, a minimum of a 2.75/4.00 GPA is required to qualify. Financial need will not be considered in determining the winner.

Scholarship winners will be notified via e-mail by May 15, 2020, and the scholarships will be officially announced and presented at the 2020 National Conference, July 17-19. Following the Conference, winners will be added to the Foundation Website. Scholarship payments shall be submitted by September 2020 to the University of the Recipient to be used towards 2020-2021 academic year tuition and fees only.

Please use the scholarship application below and follow all instructions. Applications must be complete and submitted via e-mail in PDF form by March 1, 2020; otherwise the application will be disqualified.

In Sisterhood,

Samantha Rohner Phi Sigma Rho Foundation Scholarship Chair



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2020 SARAH ROGERS MCCLURE MEMORIAL SCHOLARSHIP APPLICATION

Applications must be postmarked by March 1, 2020

* Funds to be applied to 2020-2021 academic year tuition and fees *

I. GENERAL INFORMATION

Last Name	First Name		Middle Name		Maiden Name (if applicable)	
School Address		City, State,	City, State, Zip Code		Phone Number	
Permanent Address (if different from above)		ove) City, State,	City, State, Zip Code		Phone Number	
E-mail Address			Date of Birth	(mm/dd/yyyy)		
Collegiate Chapter of Init	tiation		Initiation Dat	e (mm/yyyy)		
Alumnae Chapter (alumr	nae only)		Alumnae Yea	rs Involved		
College/University	Degree	Major	Minor	Overall GPA*	Expected Date of Graduation	
*GPA must be on or con	verted to a 4.0 se	cale				
Please check one:	☐ Graduate App	licant 🗆 ા	Undergraduate Ap	plicant		
How did you learn about	the Phi Sigma R	ho Foundation Scho	olarships?			

II. RESUME

All applicants (undergraduate and graduate students) should provide a copy of an up-to-date resume. Please include Phi Sigma Rho collegiate and alumnae offices held, as well as university and/or community activities and leadership positions.

III. TRANSCRIPT

With this application, you must provide a copy of either your official or unofficial transcript from each school you have attended for undergraduate and graduate credit. Official transcripts may be mailed under separate cover directly from the Registrar's Office. If an unofficial transcript is provided at the time of application, the scholarship award money will be contingent on the verification of your official transcript. Applications submitted without official or unofficial transcript(s) will be disqualified.

IV. LETTERS OF RECOMMENDATION

The Foundation requires two letters of recommendation for the Sarah Rogers McClure Memorial Scholarship. The recommendations must come from 1) a Phi Sigma Rho alumna who knows you and 2) a second Phi Sigma Rho sister, either active or alumna.

Please fill in the top portion of the following forms and give to your recommenders. Try to ensure that your recommendation is typed. Additionally please provide the following information:

Alumna Recommendation:			
Name of Alumna	Chapter of Initiation	Years Known	
Active Sister or Second Alum	na Recommendation:		
Name of Active Sister or Alu	 mna	Years Known	

ALUMNA RECOMMENDATION FORM The Phi Sigma Rho Foundation requires a recommendation from a Phi Sigma Rho alumna to be considered for the Sarah Rogers McClure Memorial Scholarship. Please fill in the top portion only, and give this form to your recommender.				
Chapter of Initiation				
 Alumna's First Name	Last			
Street Address	City, State, Zip Code	Phone Number	r	
Alumna's E-mail Address	Alumna's Chapter of Initiation			
Can we contact you for addition	onal information? YES	l no		
How do you know the applica	nt?			
How long have you known the	applicant?			

<u>Instructions to Recommender</u>: Please type or print legibly on this form, and include a typed recommendation letter, not to exceed one page. Please e-mail the recommendation in PDF form prior to March 1, 2020, to <u>scholarship@phisigmarhofoundation.org</u>. Thank you for supporting a Phi Rho!

ACTIVE S	ISTER/2 ND ALUMNA REC	OMMENDATION FORM		
To be considered for the Sarah Rogers McClure Memorial scholarship, the Phi Sigma Rho Foundation require recommendation from someone who is familiar with your sorority involvement while an active sister (this cabe either an active sister or an alumna from your chapter). Please fill in the top portion only, and give this fo to your recommender				
Applicant First Name	Middle	Last		
Chapter of Initiation				
Alumna's First Name	Last			
Street Address	City, State, Zip Code	Phone Numl	oer	
Alumna's E-mail Address		Alumna's Chapter of Initiation		
Can we contact you for addition	nal information? YES	□ NO		
How do you know the applicant	?			
How long have you known the a				

<u>Instructions to Recommender</u>: Please type or print legibly on this form, and include a typed recommendation letter, not to exceed one page. Please e-mail the recommendation in PDF form prior to March 1, 2020, to scholarship@phisigmarhofoundation.org. Thank you for supporting a Phi Rho!

V. SHORT ANSWER

VI. APPLICANT SIGNATURE

information contained herein is accurate and fact general information (name, major, university/cha	ge for a Phi Sigma Rho Foundation Scholarship, I certify that the tual to the best of my knowledge. I acknowledge that my apter) and image may be used in publications, social media, and scholarship. Also, I acknowledge that all scholarship decisions of ion Committee are final.
Signature (required)	Date
If you have any questions, e-mail us at scholarshi	p@phisigmarhofoundation.org.
SCHOLARSHIP	APPLICATION CHECKLIST
	nendations and transcripts) must be submitted by March 1, JIREMENT. Allow yourself enough time to complete all sections mail your application, ask yourself, "Have I"
Completed all sections of application pack I. General Information II. Resume III. Transcripts (official or unofficial) IV. Recommendations V. Short Answer VI. Applicant Signature	et?

_____ Checked for spelling and grammatical errors? Made my application neat and easy to read?

_____ Ensured both alumna and active sister/2nd alumna recommendation letters were submitted by March 1, 2020?

Enclosed official/unofficial transcript?

____ Signed and dated the application package?

E-mailed the application on or before March 1, 2020?

E-mail application to: scholarship@phisigmarhofoundation.org

The Phi Sigma Rho Foundation extends a sincere thank-you to those who have contributed in order to make these scholarship awards possible. The Foundation is able to meet the needs of Phi Sigma Rho women each year because of the generous support of our donors.