

ATLANTA PHILANTHROPIC PROGRAM FOR EDUCATION AND LEADERSHIP FOUNDATION, INC.

2020-2021 APPEAL Foundation Scholarship Application Packet

The Atlanta Philanthropic Program for Education and Leadership (APPEAL) Foundation, Inc. P.O. Box 451102 • Atlanta, GA 31145 • appealfdtn@gmail.com



ATLANTA PHILANTHROPIC PROGRAM FOR EDUCATION AND LEADERSHIP FOUNDATION, INC.

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, email us at appealfdtn@gmail.com.

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/recently graduated from a DeKalb County or Gwinnett County high school, or a metropolitan Atlanta high school as designated by the APPEAL Foundation
- Accepted and/or enrolled in, as a full-time student, an accredited college or university within the continental United States of America, with plans to pursue a degree
- Demonstrated commitment to academic excellence and community service with a high school GPA of not less than 3.0, and competitive scores on the Scholastic Aptitude Reasoning Test (SAT) and/or the American College Testing (ACT) examination
- Recommended by high school as academically exceptional or outstanding in the creative and performing arts
- Demonstrated financial need

How to Apply for the 2020-2021 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 for the school year immediately following the date of the award.
- 2. Applicants may obtain an application from the APPEAL Foundation by sending an email to appealfdtn@gmail.com.
- 3. All applications must be printed clearly or typed.
- 4. Applications should be submitted along with the required attachments via email to appealfdtn@gmail.com or to the following address: The APPEAL Foundation, Inc., P. O. Box 451102, Atlanta, GA 31145.

Required Documents

- Completed Application
- High School Transcript
- Essay

Evaluation Criteria

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

Grade Point Average (GPA)	20 points
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
Letters of recommendation (recommended)	Recommended

Total 100 points

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	/ /			
Date of Birth	MM/ DD/ YYYY			
Condon	□ Mala	□ E1-		
Gender	Male	Female		
Permanent Addre	ss			
	- Ct			
	City	County	7	ZIP Code
Mailing Address*				
* Complete if mailing address is different				
from permanent address.	City	County	7	ZIP Code
Telephone D	OAY: ()	EVENING:	()	
Email				
<u></u>				
Are you a citizen o	or legal resident of th	e United States?	☐ YES ☐ NO	
Ethnicity (OPTION	NAL) Africa	an American	☐ White, Non-Hispanic	
	☐ Hispa	nic	☐ Native-American	
	Other			
Emergency Cont	tact Information			
Emergency con-				
Name				
-	Last		First	M.I.
Address				
	City	County	7	ZIP Code
Telephone D	OAY: ()	EVENING:	()	
_		_ EVENING.	(<i>)</i> =	
Relationship to Ap	plicant:			

PART I

APPLICANT INFORMATION

Applicant Name					
**	Last		First		M.I.
High School					
Street Address					
	City		County		ZIP Code
Dates of Attendance	/			Expected Date of Graduation	// MM/DD/YYYY
	WIND DITTI	MINI/DD/TTTT			MIM/DD/1111
Anticipated Major	(Dwiefly decembe	any anasifia anasa	of compoun	tuotion).	
Anticipated Major	(Brieffy describe	any specific areas	or concen	urauon);	
	1	1 11 4		<u> </u>	
Are you currently			lemic year	<u>'?</u>	Yes No
If no, when do you					
If yes, which of the					
two-year institut	ion fo	our-year institution		trade school	
Di P.4 . II II		_1.1.11 _ 1	4 . 4	J -44 b	
Please list all colleg	ges/universities to	wnich you've beei	accepted	and attach copies of y	your acceptance letters.
Briefly explain you	r collegiate selecti	on:			1

APPLICANT INFORMATION

Applicant Name		·	
rr	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

Applicant	t Name	Last	First		M.I.
		h a copy of official high schoacceptance letters (if applica	ool transcript and/or	copy of GED certific	
High Scho					
Street Add	dress	City	County		ZIP Code
Counse Email A				Telephone ()	
Dates o Attenda				Expected Date of Graduation	/ / MM/DD/YYYY
Cumulativ	ve GPA:	On a scale			
Standardi	zed Test Se	cores (Please attach a copy o	f results.)		
SAT	Math: _	Readin	g:	Writing:	-
ACT	Math:	Readin	g:	English:	-

PART III

FINANCIAL INFORMATION

Applicant Name	·	
Applicant Name Last	First	M.I.
	d by the applicant, along with pare	
	be used to help determine the reciped letter(s), if applicable. Items in l	pient of the scholarship. Please attach
a copy of financial aid awar	d letter(s), if applicable, items in	ond must be completed.
What is your total anticipated financi	al need for each academic veer	How much money is required for
What is your total anticipated financi uition, supplies, housing, and food?		
,,		
What other financial resources do you	u have for college? Please check	all that apply.
·	C	
Parental/Guardian Support	☐ Scho	arships
Personal Wages	☐ Stude	ent Loans
Grants	Other	·
Are you currently employed?	Yes (Please list current employe	r.) No 🗌
Employer	Location	Position/Description
Diogo list ony other sakelenskies 3	lon anonta that was base be see	wouded.
Please list any other scholarships and	or grants that you have been a	warded:
Name of Scholarship		Amount
p		

PART IV

PARENT/GUARDIAN INFORMATION

Applicant Name	Last	First		M.I.
	Eust	1 1131		141.1.
Father/Guardian:	(please print or type; items in b	old must be	completed)	
Name				
74 4 3 3 3	Last	First		MI
Street Address				
	City	County		ZIP Code
	City	County		Zii Code
Mailing Address*				
	City	Country		ZIP Code
* Complete if mailing addre	ess is different from permanent address.	County		ZIP Code
Telephone Numbe	er Day ()		Evening ()	
Email Address:				
Adjusted Gross Inco	me from 2020 (or 2019 if not ava	ailable) IRS F	orm 1040:	
Mother/Guardian:	(please print or type; items in	hold must he	completed)	
Name	(piedse print of type, items in	bold must be	completed)	
vame	Last	First		MI
Street Address ⁺				
	City	County		ZIP Code
Mailing Address*				
	City	County		ZIP Code
	ess is different from permanent address.		Empire ()	
-	er Day ()		Evening ()	
Email Address: + Leave blank if informa	tion is the same for both parents			
	me from 2020 (or 2019 if not ava	ailable) IRS F	orm 1040:	
How many dependen	t household members are curren	ntly attending	college?	
We certify that the info	ormation we have provided is true	and complete	to the best of our kno	wledge. If required, w
	of the information, including copi			
accurate documentatio	n is not provided, the Applicant m	ay be deemed	ineligible for this scl	notarship.
Parent/Guardia	1			
1 areno Guardiai	(Please Print)			
Signature of Pare	ent or Guardian			Date:

PART V

LETTERS OF RECOMMENDATION

Applicant Name			
**	Last	First	M.I.

SECTION A: Letter of Recommendation 1

Each applicant is encouraged to submit **two** letters of recommendation, from any of 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:	

Please note: all letters must be collected by applicant and submitted along with complete application package.

PART V

LETTERS OF RECOMMENDATION

Applicant Name			
PP	Last	First	M.I.

SECTION A: Letter of Recommendation 2

Each applicant is encouraged to submit **two** letters of recommendation, from any of 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:	

Please note: all letters must be collected by applicant and submitted along with complete application package.

PART VI ESSAY

Applicant Name			
FF	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. How have current events shaped your career goals? Describe any experiences related to recent newsworthy events that have influenced your decision. How will these experiences help you?
- 3. Explain the importance of your (intended) major today.
- 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

Student/Applicant Signature

APPLICANT ACKNOWLEDGEMENT

Date: _____

Applicant Name			
Applicant Name	Last	First	M.I.
This page must be	signed and dated	l by applicant.	
If required, I agree	to provide addition is determined to be	rovided is true and complete to the nal proof of the information. I receive inaccurate, I may be deemed in	alize that if documentation
Student/Applicant			

(Please Print)

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 or received via email by 11:59 pm on April 11, 2021 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?	
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 two (2) letters of recommendation?	
Complete required essay?	
Read and sign applicant acknowledgement page?	
Make sure the entire packet contains appropriate postage?	
Postmark application packet by April 11, 2021?	

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 **appealfdtn@gmail.com**.