

IOTA PHI LAMBDA SORORITY, INC.

ALICE P. ALLEN NATIONAL

SCHOLARSHIP APPLICATION



STUDENT DATA

Please Print

Name _____
Last First MI

Social Security No: _____ - _____ - _____ Date of Birth _____ - _____ - _____

Current Address _____
Number Street Apt #

_____ City State Zip Code

_____ Telephone # E-Mail Address

FAMILY PROFILE

Father's Name	Address	Occupation
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Check box, if deceased

Mother's Name	Address	Occupation
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Check box, if deceased

Non-Parent/Guardian's Name	Address	Occupation
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Check box, if deceased

Annual Household Income:	less than \$10,000	\$10,000-20,000	\$21,000-35,000
	\$36,000-50,000	\$51,000-65,000	more than \$65,000

Number of people in your home (including yourself) _____

YOUR CHILD/CHILDREN:

NAME _____ Date of Birth _____ Sex _____

NAME _____ Date of Birth _____ Sex _____

ACADEMIC PROFILE

High School: _____
Name City State

Cumulative GPA include scale: _____ Class Rank _____ Total Class Size _____

Dates of High School Attendance: _____ Expected Graduation Date: _____

SAT Total Score: _____ Date Taken _____

- SAT Reading: _____ SAT Math: _____ SAT Writing: _____

ACT Score: _____ Date Taken _____

Planned College/University: _____

Planned College Major: _____

ACTIVITIES AND HONORS

List all extracurricular activities in which you have been involved (church, school, community) within the past four years. List them in order of interest to you.

List all honors and other distinctions received and submit documentation (clippings, letters, certificates, and other verification).

List your work experience (any jobs you have held) (List job, kind of work, employer, dates of employment, and hours/week).

Who has been most influential in your school life? In what way?

RECOMMENDATIONS

List the name, title, address and telephone number of the **teacher, counselor, or school staff** who will submit a letter of recommendation for you. The letter should be returned to you, in a sealed envelope for inclusion with your application.

Name: _____ Title: _____

Address: _____ Telephone #: _____

List the name, title, address and telephone number of the **personal** reference (clergy, community leader, and employer) who will submit a letter of recommendation for you. The letter should be returned to you in a sealed envelope for inclusion with your application.

Name: _____ Title: _____

Address: _____ Telephone #: _____

ESSAY

Please provide a 300-500 word double-spaced typewritten autobiographical essay. Please include your career aspirations, most significant leadership experiences, and your most significant achievements.

The decisions of the judges are final.

DISCLOSURE

The information provided in this form will be disclosed only to Iota Phi Lambda Sorority as required to determine your eligibility for an award. All information will be properly disposed of according to the Record Retention /Disposition Policy of Iota Phi Lambda Sorority after award of the scholarship has been made.

I hereby certify that the information provided in this application is to the best of my knowledge, true and correct. I have not knowingly withheld any facts or circumstances that could otherwise jeopardize consideration of this application.

Signature

Date

Parent/Legal Guardian's Signature

Date