IOTA PHI LAMBDA SORORITY, INC.

ALICE P. ALLEN NATIONAL

SCHOLARSHIP APPLICATION



STUDENT DATA

Please Print				
Name	Last	First		
	Last	THSC	IVII	
Social Security No:	<u>-</u>	Date of Birth		
Current Address				
	Number	Street	Apt #	
City		State	Zip Code	
Telephone #		E-Mail Address		

FAMILY PROFILE

Father's Name	Address	Occupation	
\Box Check box, if deceased			
Mother's Name	Address	Occupation	
□ Check box, if deceased			
Non-Parent/Guardian's Name	Address		Occupation
\Box 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	e (including yourself)		
YOUR CHILD/CHILDREN:			
NAME		Date of Birth	Sex
NAME		Date of Birth	Sex
	ACADEM	IC PROFILE	
High School:			
Name		City	State
Cumulative GPA include scale:	Class	Rank Tota	Il Class Size
Dates of High School Attendanc	e:	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:	
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 lota 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 lota 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

Parent/Legal Guardian's Signature

Date

Date