

**Diego Jones Memorial Scholarship Application**

**ELIGIBILITY REQUIREMENTS**

The candidates must meet the following requirements:

* Candidate must be a graduating high school senior at the time the application is submitted.
* Candidate must be a member of the Future Iota Leaders (FIL)
* Candidate must be accepted by an accredited college/university or vocational school.
* Candidate must provide proof of enrollment before actual allocation of the awarded funds.

**DOCUMENTS TO BE SUBMITTED**

Please submit the following with your completed application:

* Current academic transcript
* Three letters of recommendation (academic and community service)
* A 500-word double-spaced typewritten autobiographical essay that includes your career aspirations, leadership and community service experiences, and your most significant achievements.
* Proof of enrollment in college/university or vocation school.

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| **STUDENT DATA**  |  |

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Name Middle Name Last Name Suffix

SSN: \_\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_\_\_*Date* of Birth: \_\_\_\_\_\_ - \_\_\_\_\_\_ - \_\_\_\_\_Place of Birth***: \_\_\_\_\_\_\_\_\_\_\_\_***

 E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address Apt #

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| --- | --- | --- | --- |
|  City   | State  |  Zip Code  | Telephone # |
|  |  | **FAMILY PROFILE**  |  |

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 Father’s Name Address City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Name Address City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Non-Custodian Guardian (if applicable) Address City State Zip Code

# ACADEMIC PROFILE

High School Attending:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City State

Cumulative GPA: \_\_\_\_\_\_\_\_ Class Rank: \_\_\_\_\_\_\_ Total Class Size\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates Attended High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

SAT Total Score: \_\_\_\_\_\_\_\_\_ SAT Reading: \_\_\_\_\_\_\_\_ SAT Math: \_\_\_\_\_\_\_\_\_ SAT Writing: \_\_\_\_\_\_\_

 Date SAT Taken\_\_\_\_\_\_\_\_\_

##  ACT Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Taken: \_\_\_\_\_\_\_\_\_\_

Planned College/University or Vocational School attending**:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Planned College Major:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACTIVITIES AND HONORS**

Describe all extracurricular activities (church and school) in which you have been involved. List them in order of interest to you.

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

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List all community service activities in which you have been involved. Describe your community service experience (List organization, dates of volunteered, and hours/week).

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Name a person that has been the most influential in your life? In what way?

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# RECOMMENDATIONS

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

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Address City Zip Code

 Telephone #: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Address City Zip Code

 Telephone #: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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recommendation for you. The letter should be returned to you, in a sealed envelope for inclusion in

 your application.

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Address City Zip Code

 Telephone #: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# ESSAY

Please provide a 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, Inc. Epsilon Tau as required to determine your eligibility for an award. All information will be properly disposed of according to the Record Retention Policy/Disposition Policy of Iota Phi Lambda Sorority Inc., Epsilon Tau after the scholarship is awarded and paid to college/university or vocational school.

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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Submit Diego Jones Memorial Scholarship to:

# Iota Phi Lambda Sorority, Inc.,

# Epsilon Tau Chapter

# Education and Scholarship Committee

#  PO Box 2B241

# Desoto, Texas 75123