



ET Local Alice P. Allen Scholarship Application

ELIGIBILITY REQUIREMENTS

Applicant must be a graduating high school senior and a teenage mother returning to college after the birth of a child.

- The college selected by the scholarship recipient must be an accredited institution.
- The scholarship recipients must provide proof of enrollment before funds are allocated.
- The applicant must provide a photo and signed photo release.

DOCUMENTS TO BE SUBMITTED

Please submit the following with your completed application:

- Scholarship Registration Form signed by applicant and parent/legal guardian if under the age of 18.
- Student Application signed by applicant and parent/legal guardian if under the age of 18.
- A current official/certified academic transcript.
- Two letters of recommendation
- A 300-500 word autobiographical essay that discusses the challenges encountered as a single parent pursuing an education, career aspirations, leadership experiences, significant achievements, and financial need.
- Family income documentation (Copy of first page of the most recent IRS 1040 or IRS Tax Return Transcript, please redact Social Security Number)
- Supporting Documentation
- Business/professional photograph

The ET Local Alice P. Allen Scholarship applications are to be emailed to epsilon_tau@yahoo.com by **March 17**. Candidates of this scholarship are young mothers who are attending college or entering college after the birth of a child. Local prize: \$1,000; National Prize is up to \$2000. The Winner's application are forwarded to the National Contest. Use the information below to complete the consent form in this application.

Sponsoring Chapter: Epsilon Tau Chapter

Region: Southwestern

Chapter President: Ján Harbert

Email: iota.etpres@gmail.com

Chapter Scholarship Chair Michelle Peace

Email: epsilon_tau@yahoo.com

IOTA PHI LAMBDA SORORITY, INC.
ALICE P. ALLEN SCHOLARSHIP
INFORMATION SHEET

The Alice P. Allen National Scholarship is named in honor of Iota's second National President (1946-1950). This \$2,000.00 scholarship is awarded to a teenage mother who desires to further her education beyond high school. Judging criteria will include academic performance, demonstrated leadership, career aspirations, and financial need. Applicant, with the supervision of the sponsoring chapter, must mail the completed application packet to the National President-Elect postmarked by April 1.

This scholarship is available through submission from local chapters only. A chapter may submit the name of **only one** applicant.

- Applicant must be a graduating high school senior and a teenage mother.
- The college selected by the scholarship recipient must be an accredited institution.
- The \$2,000.00 scholarship is a one-time award and is sent to the selected college or university to be applied to the recipient's tuition.
- The scholarship recipient will be officially notified in May by the National President-Elect.
- The scholarship recipient must provide proof of enrollment before funds are allocated.
- Each chapter must electronically submit the completed **Application Packet** to the National President Elect by **April 1**.

The Application Packet **must** include the following:

- Scholarship Consent Form signed by applicant and parent/legal guardian if under the age of 18.
- Student Application signed by applicant and parent/legal guardian if under the age of 18.
- A current official/certified academic transcript.
- Two letters of recommendation
- A 300-500 word autobiographical essay that challenges encountered as a single parent pursuing an education, career aspirations, leadership experiences, significant achievements, and financial need.
- Family income documentation (Copy of first page of the most recent IRS 1040 or IRS Tax Return Transcript, **please redact Social Security Number**)
- Supporting Documentation
- Business/professional photograph

IOTA PHI LAMBDA SORORITY, INC.
ALICE P. ALLEN SCHOLARSHIP
CONSENT FORM

Applicant's Name _____

Applicant's Address _____

City _____ State _____ Zip _____

High School Attending _____ Location _____

Sponsoring Chapter _____ Region _____

Chapter President _____ Email Address _____

Chapter Scholarship Chair _____ Email Address _____

SCHOLARSHIP APPLICANT SHOULD READ AND SIGN THE FOLLOWING: I understand that:

- I must attend a college or university and major in a related field of business.
- If I am the selected scholarship recipient, all awarded funds are sent to the chosen college or university and applied directly to my tuition after I have submitted the official documents of my enrollment, along with a schedule of my classes.
- The scholarship is a one-time award.
- I must provide a business/professional photograph.
- Any questions I have regarding the contest may be answered by the Chapter sponsoring me.
- I have read the above items and understand the requirements.

Applicant's Signature _____ Date _____

Parent/Legal Guardian's Signature _____ Date _____

IOTA PHI LAMBDA SORORITY, INC.
ALICE P. ALLEN SCHOLARSHIP
STUDENT APPLICATION

PERSONAL DATA

Applicant's Name _____

Applicant's Address _____

City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Father's Name _____ Occupation _____

Check box if deceased

Father's Address _____

City _____ State _____ Zip _____

Mother's Name _____ Occupation _____

Check box if deceased

Mother's Address _____

City _____ State _____ Zip _____

Non-Parent/Guardian's Name _____ Occupation _____

Check box if deceased

Non-Parent/Guardian's Address _____

City _____ State _____ Zip _____

FAMILY SIZE

Number of people in your home (including yourself) _____

FAMILY INCOME

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

SCHOOL DATA & TEST SCORES

High School _____

Address _____

City _____ State _____ Zip _____

Cumulative GPA include scale _____ Class Rank _____ Class Size _____

Dates of High School Attendance _____ Expected Graduation Date _____

SAT Total Score _____ SAT Reading _____ SAT Math _____ SAT Writing _____

Date Taken _____

ACT Score _____ Date Taken _____

Planned College/University _____

Planned College Major _____

SCHOOL ACTIVITIES

List all extracurricular activities in which you have been involved (academic clubs, student council, band/arts, athletics) within the past four years. Submit documentation (photos, clippings, letters, certificates, etc.) for all activities. **NOTE: Only include 4-5 sources of documentation.**

HONORS & ACADEMIC AWARDS

List all honors (academic and extracurricular) and other distinctions received and submit documentation (photos, clippings, letters, certificates, etc.) for all activities. **NOTE: Only include 4-5 sources of documentation.**

COMMUNITY SERVICE

List all community service activities in which you have been involved (food pantry, Girl or Boy Scouts, church ministry, youth organizations, etc.) within the past four years. Submit documentation (photos, clippings, letters, certificates, etc.) for all activities. **NOTE: Only include 4-5 sources of documentation.**

WORK/VOLUNTEER EXPERIENCE

List your work/volunteer experience (any job you have held). List type of work, employer, dates of employment, and hours/week. **NOTE: Only include 4-5 sources of documentation.**

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 can be submitted to you by email or by paper copy.

Name _____ Title _____
Address _____
City _____ State _____ Zip _____
Phone Number _____ Email _____

List the name, title, address and telephone number of the **personal** reference (clergy, community leader, or employer) who will submit a letter of recommendation for you. The letter can be submitted to you by email or by paper copy.

Name _____ Title _____
Address _____
City _____ State _____ Zip _____
Phone Number _____ Email _____

PERSONAL STATEMENT/ESSAY

Attach a double-spaced typed essay (300-500 words), autobiographical essay addressing the following:

- Challenges encountered as a single parent pursuing an education.
- Your career aspirations.
- Your most significant leadership experiences.
- Your most significant achievements.

The decisions of the judges are final.

APPLICATION CHECKLIST

- Scholarship Consent Form, signed
- Student Application, signed
- Current official/certified transcript
- Letters (2) of recommendation
- Personal statement/essay
- Family income documentation (redact Social Security Number)
- Documentation that supports activities and accomplishments
- Business/professional photograph

DISCLOSURE

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

I hereby certify that all information provided is accurate and true to the best of my knowledge. I understand that any false information may disqualify me from consideration. I grant Iota Phi Lambda Sorority, Inc. permission to publish my name, picture, and image in connection with the promotion of scholarship.

Applicant's Signature _____ Date _____

Parent/Legal Guardian's Signature _____ Date _____

IOTA PHI LAMBDA SORORITY, INC.
ALICE P. ALLEN SCHOLARSHIP
STUDENT RATING SHEET

Applicant's Name _____

Sponsoring Chapter _____ Region _____

CRITERIA AND RATING SCALE

| Category | Possible Points | Applicant's Score |
|-----------------------------|-----------------|-------------------|
| Family Size | 40 | |
| Family Income | 60 | |
| Grade Point Average | 50 | |
| Test Scores | 120 | |
| School Activities* | 25 | |
| Honors and Awards* | 25 | |
| Community Service* | 25 | |
| Work/Volunteer Experience* | 25 | |
| Essay | 80 | |
| Packet Presentation** | 50 | |
| Total Possible Score | 500 | |
| Applicant's Score | | |

*NOTE: Only include 4-5 sources of documentation.

**Packet Presentation score includes the organized appearance of the packet and all the items listed under Application Checklist.

Evaluator _____

Date _____

Comments _____

