

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 _____