

**IOTA PHI LAMBDA SORORITY, INC.**  
**FREDDA WITHERSPOON NATIONAL SCHOLASTIC SCHOLARSHIP**  
**INFORMATION SHEET**

Iota Phi Lambda Sorority awards scholarships for scholastic achievement to female graduating high school seniors wishing to pursue a college degree in business related fields. The National Scholarship is held annually. Judging criteria will include academic performance/achievement, career aspirations, demonstrated leadership, and financial need. Sponsoring chapters must submit electronically applications to the National President-Elect by January 31.

These scholarships are available through submission from local chapters only. A chapter may submit the name of **only one** applicant.

- Each chapter may select one applicant whose first occupational choice is in a business-related field.
- Each applicant must be a female graduating high school senior.
- The college selected by the scholarship recipient must be an accredited institution.
- **Four** \$5,000 regional scholarships and **one** \$10,000 national scholarship will be awarded annually. Awards are sent to the selected college or university to be applied to the recipient's tuition.
- The scholarship recipients will be officially notified in May by the National President-Elect.
- The scholarship recipients must provide proof of enrollment before funds are allocated.
- The applicant must provide a business/professional photograph.
- A chapter must use Iota's rating sheet to select their final applicant. Chapters should consider students with excellent scholastic ability as well as those in need of financial assistance.
- Each chapter must electronically submit the completed **Application Packet** to the National President Elect by **January 31**.

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 includes career aspirations, leadership experiences, and significant achievements.
- 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

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**CONSENT FORM**

Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

High School Attending \_\_\_\_\_ Location \_\_\_\_\_

Sponsoring Chapter Gamma Delta Region Eastern Region

Chapter President Cynthia Rollins Email Address scholarships.gammadelta.ipl@gmail.com

Chapter Scholarship Chair Kenya Allamby Email Address scholarships.gammadelta.ipl@gmail.com

**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 selected college or university and applied directly to my tuition after I have submitted the official document 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 \_\_\_\_\_

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**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: ☐ \$5,000-\$10,000 ☐ \$10,001-\$15,000 ☐ \$15,001-\$20,000

☐ \$20,001-\$25,000 ☐ \$25,001-\$30,000 ☐ \$30,001 - \$35,000 ☐ \$35,001-\$40,000

☐ \$40,001-\$45,000 ☐ \$45,001-\$50,000 ☐ \$50,001-\$55,000+

**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.**

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### **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.**

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### **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.**

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## **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.**

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## **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:

- 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.**  
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**STUDENT RATING SHEET**

Applicant's Name \_\_\_\_\_

Sponsoring Chapter Gamma Delta Region Eastern

**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              |                   |
| <b>Total Possible Score</b> | <b>500</b>      |                   |
| <b>Applicant's Score</b>    |                 |                   |

\*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 \_\_\_\_\_

\_\_\_\_\_  
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