



Iota Phi Lambda Sorority, Inc., Gamma Delta Chapter

Dorothy B. Lee Scholarship Application

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____

City _____ **State** _____ **ZIP Code** _____

Phone: _____ Email: _____

Number of
Dependents in
your home: **Parents Adjusted
Gross Income\$**

Statement of
Financial need:

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

GPA: _____ Favorite subject: _____

College/
University
you plan
to attend: Address:

What is your intended college major? _____

List any Distinctions or Honors You Have Won, Scholastic or Otherwise

Extracurricular Activities

Please provide details on extracurricular, personal, and volunteer activities (school, church, community, and work activities, etc.).

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a scholarship award, I understand that false or misleading information in my application or interview may result in withdrawal of scholarship award.

Signature: _____ Date: _____