



Iota Phi Lambda Sorority, Inc.,
Gamma Delta Chapter

Dorothy B. Lee Scholarship Application

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

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: _____