

IOTA PHI LAMBDA SORORITY, INC.
“EMPOWERING EXCELLENCE” HBCU SCHOLARSHIP
CONSENT FORM

Applicant's Name _____

Applicant's Address _____

City _____ State _____ Zip _____

College 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 an HBCU.
- If I am the selected scholarship recipient, all awarded funds are sent to the HBCU I am attending 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.
“EMPOWERING EXCELLENCE” HBCU SCHOLARSHIP
STUDENT APPLICATION

PERSONAL DATA

Applicant's Name _____

Applicant's Address _____

City _____ Zip _____

Phone Number _____ Email Address _____

ACADEMIC INFORMATION

HBCU Attending _____

Major/Area of Study _____

Classification (Freshman, Sophomore, etc.) _____ Cumulative GPA ____

LEADERSHIP, SERVICE, AND ACTIVITIES

Submit documentation (photos, clippings, letters, certificates, etc.) for all activities. **NOTE: Only include 4-5 sources of documentation.**

Organization	Role/Title	Dates of Participation	Key Contributions/Projects

HONORS AND AWARDS

Honor/Award	Year/Organization

ESSAY

Submit one essay (500–650 words). Choose one prompt below. (Typed, double-spaced, 12-point font, 1-inch margins; include your full name and essay prompt in the header. Submit as PDF or Word.)

- What does attending an HBCU mean to you, and how will you use this opportunity to uplift your community?
- How have your leadership or community service experiences shaped your goals?

RECOMMENDATIONS

Recommendation from a **professor, coach, or mentor**.

Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Recommendation from personal reference (community leader, religious leader, or employer).

Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

SUBMISSION INSTRUCTIONS

Submit all required documents in a single folder using Dropbox or Google Docs/Drive.

- Folder Name: Empowering Excellence Scholarship – [Your Full Name]
- Share settings: Set to “Anyone with the link can view.”
- Send the shared folder link by email by the deadline to the email provided by the sponsoring chapter.

SELECTION & NOTIFICATION

Applications are evaluated for academic merit, leadership, service, essay quality, and alignment with Iota Phi Lambda Sorority’s mission. Finalists **may be** invited to a brief virtual interview. The scholarship recipients will be officially notified in May by the National President-Elect.

APPLICATION CHECKLIST

- ☐ Scholarship Consent Form, signed
- ☐ Student Application, signed
- ☐ Current official/certified transcript
- ☐ Letters (2) of recommendation
- ☐ Essay
- ☐ Documentation that supports activities, honors, and awards
- ☐ 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 _____