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? _____

Information will be held in strictest confidence. It will be used only by the scholarship committee. If additional space is needed, you may attach no more than 2 sheets to the application

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.).

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Applicant Certification, Parental Consent, and Media Release

I certify that all information provided in this application is true, accurate, and complete to the best of my knowledge. I understand that false or misleading information may result in disqualification or withdrawal of a scholarship award.

If the applicant is under 18 years of age, a parent or legal guardian must sign below to authorize participation in the scholarship application process.

Photography and Media Permission

I grant permission to Iota Phi Lambda Sorority, Inc., Gamma Delta Chapter, to use the applicant's name, photographs, and videos for scholarship recognition, social media, websites, advertising, and promotional purposes.

Please select one:

☐ **YES**, I grant permission for the use of the applicant's name, photographs, and videos.

☐ **NO**, I do not grant permission for the use of the applicant's name, photographs, or videos.

Media permission is voluntary and will not affect scholarship eligibility or selection.

Applicant's Printed Name: _____

Applicant's Signature: _____

Date: _____

Parent/Legal Guardian (Required Only if Applicant Is Under 18)

By signing below, I authorize my child to apply for this scholarship, confirm that I have reviewed the certification above, and acknowledge the media permission selection.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____

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