

**IOTA PHI LAMBDA SORORITY, INC.**  
**DORETHEA N. HORNBUCKLE MEMORIAL SCHOLARSHIP**  
**REGISTRATION FORM**

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

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

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

College Student

Graduating Senior

College/High School 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 a college or university and major in a related field of business, business administration, science, or engineering.
- 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 \_\_\_\_\_

**IOTA PHI LAMBDA SORORITY, INC.**  
**DORETHEA N. HORNBUCKLE MEMORIAL SCHOLARSHIP**  
**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:  less than \$10,000  \$10,000 - \$20,000  \$21,000 - \$35,000  
 \$36,000 - \$50,000  \$51,000 - \$65,000  more than \$65,000

### **SCHOOL DATA & TEST SCORES**

College/High School \_\_\_\_\_

Address \_\_\_\_\_

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

Cumulative GPA include scale \_\_\_\_\_ Class Rank \_\_\_\_\_ Class Size \_\_\_\_\_

Dates of College/High School Attendance \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

SAT Total Score \_\_\_\_\_ SAT Reading \_\_\_\_\_ SAT Math \_\_\_\_\_ SAT Writing \_\_\_\_\_

Date Taken \_\_\_\_\_

ACT Score \_\_\_\_\_ Date Taken \_\_\_\_\_

If a High School Student:

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 (FIL, 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 Registration 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 \_\_\_\_\_