IOTA PHI LAMBDA SORORITY, INC. ALICE P. ALLEN NATIONAL SCHOLARSHIP

INFORMATION SHEET

The Alice P. Allen National Scholarship is named in honor of Iota's second National President (1946-1950). This \$2,000.00 scholarship is to be awarded to a teenage mother desiring to further her education beyond high school. Judging criteria will include academic performance, demonstrated leadership, career aspirations and financial need. Applicant, with the supervision of sponsoring chapter, must mail completed application packet to the National President Elect postmarked by **April 1.**

This scholarship is available through local chapters only. A chapter can submit the name of only one applicant for this scholarship.

- 1. Applicant must be a graduating high school senior and a teenage mother.
- 2. The college selected by the winner must be an accredited institution.
- 3. The \$2,000.00 scholarship is a one-time award and is sent to the selected college or university to be applied to the recipient's tuition.
- 4. The scholarship recipient will be officially notified in May by the National President Elect.
- 5. The scholarship recipient must provide proof of enrollment before funds are allocated.
- 6. The sponsoring chapter must ensure that the applicant submit the completed Application **Packet** to the National President Elect postmarked by April 1.

The Application Packet must include the following:

- a. Student Application Form
- b. A current official/certified academic transcript with SAT/ACT scores.
- c. Two letters of recommendation.
- d. A 300-500 word autobiographical essay that includes challenges encountered as a single parent pursuing an education, career aspirations, leadership experiences, significant achievements and financial need.
- e. Family income documentation (Copy of the 1st page of your most recent IRS 1040, please redact SS number)
- f. Copy of Scholarship Registration Form signed by applicant.

IOTA PHI LAMBDA SORORITY, INC. ALICE P. ALLEN NATIONAL SCHOLARSHIP

REGISTRATION FORM

| Name of Applicant | Last Name | Fi | First Name | | |
|--------------------------------|----------------------------|----------|------------|----------|--|
| Address of Contestant | | | | | |
| | Street | City | State | Zip Code | |
| High School Attending | | Location | l | | |
| Sponsoring Chapter | | Regio | Region | | |
| Sponsoring Chapter Pr | onsoring Chapter President | | Telephone | | |
| hapter Scholarship Chairperson | | | Telephone | | |
| Chapter Scholarship C | hairperson Email Addro | ess | | | |
| Address of Chairperso | n | | | | |
| | Street | City | State | Zip Code | |

I understand that:

- 1. I must attend a college or university and major in a related field of business.
- 2. If I am a winner, all funds will be sent directly to the school of my choice to assist with my tuition after I have submitted the official document of my enrollment along with a schedule of my classes.
- 3. The scholarship is a one-time award.
- 4. Any questions I have regarding the contest may be answered by the Chapter sponsoring me.
- 5. I have read the above items and understand my rights.

Signature of Applicant

Date

Revised July 2020

IOTA PHI LAMBDA SORORITY, INC. ALICE P. ALLEN NATIONAL SCHOLARSHIP STUDENT APPLICATION

| | | STUDEN | IT DATA | | |
|--|----------------|----------------|---------------|-------------------------------------|------------|
| Name | | Da | ate of Birth | | |
| Last | First | MI | | | |
| Current Address | | | | | |
| | Number | | Street | | Apt # |
| City | | | State | Zip | Code |
| Telephone # | | E-Mail Address | | | |
| | | FAMILY | PROFILE | | |
| Father's Name | | Address | Occupation | | tion |
| Check box, if dece | | | | | |
| Mother's Name | | | Addre | SS | Occupation |
| Check box, if dece | eased | | | | • |
| Non-Parent/ Gua | | Addr | ess | Occupa | tion |
| Number of people in YOUR CHILD/CHILDR | | ng yourself) _ | | | |
| NAME: | | C | DATE OF BIRTH | | SEX_ |
| NAME: | | | | | |
| Annual Household Ir | | | | \$21,000-35,000 more than \$65,0 | 00 |
| | | ACADEMI | C PROFILE | | |
| High School | | | | | |
| Na | ame | | City | | State |
| Cumulative GPA inclu | de scale: | Class R | ank | Total Class | |
| Dates of High School | Attendance: | | Expected Grad | duation Date: | |
| SAT Total Score: | SAT Reading: _ | SAT | Math: SAT | Writing: | |
| Date Taken: | | | | | |
| ACT Score: | | | | | |
| Planned College/Univ | | | | | |
| Planned College Majo | or: | | | | |

EXTRACURRICULAR ACTIVITIES, HONORS, AND COMMUNITY SERVICE

List all extracurricular activities in which you have been involved (church, school, community) within the past four years. Submit documentation (clippings, letters, certificates, and/or other verification for all activities).

List all honors and academic awards received and submit documentation (clippings, letters, certificates, and/or other verification).

List all community service activities in which you have been involved (food pantry, shelter, animal shelter, etc.) within the past four years. Submit documentation (clippings, letters, certificates, and/or other verification for all activities).

List your work experience (List job, kind of work, employer, dates of employment, and hours/week).

Who has been most influential in your school life? In what way?

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 should be returned to you, in a sealed envelope for inclusion with your application.

| Name: | Title: | |
|----------------------------------|--|--|
| Address: | Telephone #: | |
| List the name, title, address ar | telephone number of the personal reference (clergy, | |

community leader, or employer) who will submit a letter of recommendation for you. The letter should be returned to you in a sealed envelope for inclusion with your application.

| Name: | Title: | | |
|----------|--------------|--|--|
| Address: | Telephone #: | | |

A 300-500 word autobiographical essay that includes challenges encountered as a single parent pursuing an education, career aspirations, leadership experiences, significant achievements and financial need.

ESSAY

The decision of the judges is final.

DISCLOSURE

The information provided in this form will be disclosed only to Iota Phi Lambda Sorority as required to determine your eligibility for an award. All information will be properly disposed of according to the Record Retention /Disposition Policy of Iota Phi Lambda Sorority after award of the scholarship has been made.

I hereby certify that the information provided in this application is to the best of my knowledge, true and correct. I have not knowingly withheld any facts or circumstances that could otherwise jeopardize consideration of this application.

Signature

Date

Parent/Legal Guardian's Signature

Date

Revised July 2020

IOTA PHI LAMBDA SORORITY, INC. Alice P. Allen Scholarship STUDENT RATING SHEET

| Student's Name | | | | | | |
|---------------------|------------------|-------|------------|--------------|----------|--|
| | Last Firs | | First | Middle | | |
| AddressS | Street | Cit | | State | Zip Code | |
| Sponsoring Chapte | er | | Region | | | |
| Chapter President | napter President | | Telephc | one | | |
| Chapter Scholarsh | ip Chairperson | | | | | |
| Address | | | | | | |
| St | treet | City | State | Zip Code | | |
| Email Address | | | Telephoi | ne | | |
| | | POSSI | BLE POINTS | S | POINTS | |
| Test Scores | | | 120 | | | |
| Grade Point Average | e | | 50 | | | |
| *Honors and Acade | mic Awards | | 25 | | | |
| *Significant School | Activities | | 25 | | | |
| *Significant Commu | unity Activities | | 20 | | | |
| *Community Volun | teer Services | | 20 | | | |
| Family Income | | | 50 | | | |
| Family Size | | | 35 | | | |
| Complete Packet Pro | esentation | | 25 | | | |
| Autobiographical Es | ssay | | 80 | | | |
| TOTAL MAXIMU | MPOSSIBLE | | 450 | ACTUAL TOTAL | | |
| EVALUATOR _ | | | DA | DATE | | |
| COMMENTS: | | | | | | |

Packet Presentation score will - (1) include the organized appearance of the packet; (2) inclusion of All required items; (3) minimum of 2 recommendation letters from community leaders and school officials (4) current test scores; (5) a 1040 form with redacted social security numbers indicated.

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<u>*NOTE</u> - Include only 4 to 5 documentation sources in each category as evidence to verify all Activities, Honors, Volunteer Services and Awards. Current clippings, support letters and scanned pictures may be used as verification.

July 2020 revised