

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

The Alice P. Allen National Scholarship is named in honor of Iota Phi Lambda Sorority'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, and financial need. Applicant, with the supervision of sponsoring chapter – Psi Chapter, must mail completed application packet to Psi Chapter on or before **January 15**.

**This scholarship is available through Psi Chapter in the Dallas area.**

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 organization.
5. The scholarship recipient must provide proof of enrollment before funds are allocated.
6. 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 recommendations.
  - d. A 300-500 word autobiographical essay that includes career aspirations, leadership experiences and significant achievements
  - e. Family income documentation (Recent copy of W2 Form and/or IRS 1040)
  - f. Copy of Scholarship Registration Form signed by applicant.
7. The Application Packet must be received on or before **January 15** at the following location:

Iota Phi Lambda Sorority Inc., Psi Chapter  
Attn: Education and Scholarship Chairperson  
PO Box 223871  
Dallas, TX 75222-3871

**IOTA PHI LAMBDA SORORITY, INC.**

**ALICE P. ALLEN NATIONAL**

**SCHOLARSHIP APPLICATION**



**STUDENT DATA**

*Please Print*

Name \_\_\_\_\_  
Last First MI

Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Address \_\_\_\_\_  
Number Street Apt #

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

\_\_\_\_\_ Telephone # E-Mail Address

# FAMILY PROFILE

Father's Name \_\_\_\_\_ Address \_\_\_\_\_ Occupation \_\_\_\_\_  
 Check box, if deceased

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_ Occupation \_\_\_\_\_  
 Check box, if deceased

Non-Parent/Guardian's Name \_\_\_\_\_ Address \_\_\_\_\_ Occupation \_\_\_\_\_  
 Check box, if deceased

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

Number of people in your home (including yourself) \_\_\_\_\_

## YOUR CHILD/CHILDREN:

NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

# ACADEMIC PROFILE

High School: \_\_\_\_\_  
Name City State

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

Dates of High School Attendance: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

SAT Total Score: \_\_\_\_\_ SAT Reading: \_\_\_\_\_ SAT Math: \_\_\_\_\_ SAT Writing: \_\_\_\_\_ Date Taken \_\_\_\_\_

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

Planned College/University: \_\_\_\_\_

Planned College Major: \_\_\_\_\_

## ACTIVITIES AND HONORS

List all extracurricular activities in which you have been involved (church, school, community) within the past four years. List them in order of interest to you.

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List all honors and other distinctions received and submit documentation (clippings, letters, certificates, and other verification).

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List your work experience (any jobs you have held) (List job, kind of work, employer, dates of employment, and hours/week).

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

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

List the name, title, address and telephone number of the **personal** reference (clergy, community leader, and 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 #: \_\_\_\_\_

## ESSAY

Please provide a 300-500 word double-spaced typewritten autobiographical essay. Please include your career aspirations, most significant leadership experiences, and your most significant achievements.

The decisions of the judges are 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