

**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 1<sup>st</sup> page of your most recent IRS 1040, please redact SS number)
- f. Copy of Scholarship Registration Form signed by applicant.

Revised June 30, 2019

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**REGISTRATION FORM**

Name of Applicant \_\_\_\_\_  
Last Name First Name Middle Name

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

High School Attending \_\_\_\_\_ Location \_\_\_\_\_

Sponsoring Chapter \_\_\_\_\_ Region \_\_\_\_\_

Sponsoring Chapter President \_\_\_\_\_ Telephone \_\_\_\_\_

Chapter Scholarship Chairperson \_\_\_\_\_ Telephone \_\_\_\_\_

Chapter Scholarship Chairperson Email Address \_\_\_\_\_

Address of Chairperson \_\_\_\_\_  
Street City State Zip Code

**PROSPECTIVE SCHOLARSHIP CANDIDATE SHOULD READ AND SIGN THE FOLLOWING:**

**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

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**STUDENT RATING SHEET**

Student's Name \_\_\_\_\_

Last                                      First                                      Middle

Address \_\_\_\_\_

Street                                      City                                      State                                      Zip Code

Sponsoring Chapter \_\_\_\_\_ Region \_\_\_\_\_

Chapter President \_\_\_\_\_ Telephone \_\_\_\_\_

Chapter Scholarship Chairperson \_\_\_\_\_

Address \_\_\_\_\_

Street                                      City                                      State                                      Zip Code

Email Address \_\_\_\_\_ Telephone \_\_\_\_\_

CATEGORY	MAXIMUM POINTS	
	POSSIBLE POINTS	POINTS
Test Scores .....	160	_____
Grade Point Average.....	50	_____
**Honors and Academic Awards.....	20	_____
**Significant School Activities.....	20	_____
**Significant Community Activities.....	20	_____
**Community Volunteer Services.....	15	_____
Family Income.....	70	_____
Family Size.....	50	_____
Packet Presentation.....	25	_____
Autobiographical Essay.....	20	_____
<b>TOTAL MAXIMUM POSSIBLE</b>	<b>450</b>	<b>ACTUAL TOTAL</b> _____

EVALUATOR \_\_\_\_\_

DATE \_\_\_\_\_

COMMENT: \_\_\_\_\_

Packet Presentation score will not only include the appearance of the packet but will also take into consideration the inclusion of all required items, i.e. recommendations, test scores, 1040,etc.

**\*\*Included evidence such as clippings, letters and other verification for all activities and awards**

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**STUDENT APPLICATION**

Please Print

**STUDENT DATA**

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

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

**YOUR CHILD/CHILDREN:**

NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_  
NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_

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

**ACADEMIC PROFILE**

High School \_\_\_\_\_  
Name City State  
Cumulative GPA include scale: \_\_\_\_\_ Class Rank \_\_\_\_\_ Total Class \_\_\_\_\_  
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: \_\_\_\_\_

## 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).

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

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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).

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List your work experience (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, 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 #: \_\_\_\_\_

## ESSAY

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.

**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 June 30, 2019