



**IOTA PHI LAMBDA SORORITY, INC.
ZETA EPSILON CHAPTER
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.

This scholarship is available through the Zeta Epsilon chapter of Iota Phi Lambda Sorority Inc.

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. Applicant must submit the completed Application Packet to the Zeta Epsilon chapter postmarked by March 25, 2023, 11:59pm.
7. Print and email your completed application to iplzescholarship@gmail.com

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.

Revised July 2020

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

Name of Applicant _____
Last Name First Name Middle Name

Address of Contestant _____
Street 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

Revised July 2020

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

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 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 July 2020