

IOTA PHI LAMBDA SORORITY, INC.
FREDDA WITHERSPOON NATIONAL SCHOLASTIC SCHOLARSHIP
REGISTRATION FORM

Name of Contestant _____
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 _____

Address of Chairperson _____
Street City State Zip Code

Email Address _____ Telephone _____

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 Contestant

Date

IOTA PHI LAMBDA SORORITY, INC.
FREDDA WITHERSPOON NATIONAL SCHOLASTIC 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) _____

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: _____

ACTIVITIES, HONORS, AND COMMUNITY SERVICES

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

List all honors (academic and extracurricular) and other distinctions received and submit documentation (clippings, letters, certificates, etc., for all activities).

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

List your work experience (any jobs you have held) (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

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

Revised July 2020