



IOTA PHI LAMBDA SORORITY, INC.

FREDDA WITHERSPOON NATIONAL SCHOLASTIC SCHOLARSHIP INFORMATION SHEET

Iota Phi Lambda Sorority awards scholarships for scholastic achievement to African American female graduating high school seniors wishing to pursue a college degree in business related fields. The National Scholarship is held annually. Judging criteria will include academic performance/achievement, career aspirations, demonstrated leadership, and financial need.

Due to COVID-19 Restrictions, you may also submit your application documents by e-mail to the address below. If you require any assistance, please contact the Chairperson listed at the end of the application.

1. Candidate's first occupational choice is in a **business-related field**.
2. Candidate must be a female graduating high school senior.
3. The college selected by the winner must be an accredited institution.
4. **Four** \$3000 Regional scholarships and **one** \$8000 National scholarship will be awarded annually. Awards are sent to the selected college or university to be applied to the recipient's tuition.
5. The scholarship recipients will be officially notified in May 2023 by the National President-Elect.
6. The scholarship recipients must provide proof of enrollment before funds are allocated.

The Application Packet **must** include the following:

- a. Student Application Form. Answer completely.
- b. Copy of Scholarship Contest Registration Form signed by student. ***Be certain to read and understand what you are signing.***
- c. A current official/certified academic transcript with SAT or ACT scores (Waived due to COVID-19).
- d. Two letters of recommendations, E-MAILED TO CHAIRPERSON.
- e. A 300-500 word autobiographical essay that includes career aspirations, leadership experiences, and significant achievements, contributions to community, church, school.
- f. Family income documentation (Copy of the first page of the most recent IRS 1040, please redact SS number).

Must Be Received By: January 20, 2023
Mailed or Sent On-line

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: GAMMA NU Region: Far Western

Sponsoring Chapter President: Joanne Early. Telephone: (510) 710-2418

Chapter Scholarship Chairperson Myrtle Smith Telephone: (650) 872-3313

Address of Chairperson : 2620 Muirfield Circle San Bruno CA 94066
Street City State Zip Code

Email Address: mysmyth@aol.com Telephone (650) 872-3313

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.
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(Revised July 2020)

STUDENT APPLICATION

Please Print or Type

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
<input type="checkbox"/> Check box, if deceased		

Mother's Name	Address	Occupation
<input type="checkbox"/> Check box, if deceased		

Non-Parent/ Guardian's Name	Address	Occupation
<input type="checkbox"/> Check box, if deceased		

Number of people in your home (including yourself) _____		
Annual Household Income: <input type="checkbox"/> less than \$10,000 <input type="checkbox"/> \$10,000-20,000 <input type="checkbox"/> \$21,000-35,000		
<input type="checkbox"/> \$36,000-50,000 <input type="checkbox"/> \$51,000-65,000 <input type="checkbox"/> more than \$65,000		

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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?

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)

Must Be Received By: January 20, 2023
Submit Application to:
ATTN: Scholarship Committee
Iota Phi Lambda Sorority - Gamma Nu Chapter
P.O. Box 320463
San Francisco CA 94132-0643

OR
On-line/E-mail to:
mysmyth@aol.com

Contact for information:
Myrtle Smith – Scholarship Chairperson
(650) 872-3313

Joanne Early – Chapter President
(510) 710-2418