



## 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 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 2021 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 understands what you are signing.***
- c. A current official/certified academic transcript with SAT or ACT scores.
- 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 8, 2021**  
**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 West

Sponsoring Chapter President: Lillian Anderson. Telephone \_\_\_\_\_

Chapter Scholarship Chairperson Joanne Early Telephone (510) 710-2418

Address of Chairperson : 505 ELDERWOOD DRIVE MARTINEZ CA 94553  
Street City State Zip Code

Email Address j.early6204@gmail.com Telephone (510) 710-2418

**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**

(Revised June 30, 2019)

**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).

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

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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).

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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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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 June 30, 2019)

**Must Be Received By: January 8, 2021**

**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:**

**[j.early6204@gmail.com](mailto:j.early6204@gmail.com)**

**Contact for information:**

**Joanne Early – Scholarship Chairperson**

**510-710-2418**