



# Iota Phi Lambda Sorority, Inc.

## SOUTHWESTERN REGION SCHOLARSHIP RECIPIENT INFORMATION

PERSONAL	INFORMATION
FIRST NAME	
MIDDLE NAME	
LAST NAME	
ADDRESS	
STUDENT ID#	
CITY	
STATE	
ZIP CODE	
NAME OF SPONSORING CHAPTER	
CITY/STATE	
NAME OF CHAPTER PRESIDENT	
PHONE NUMBER	
CITY/STATE	

## COLLEGE OR UNIVERSITY COURSE TRANSCRIPT AND DOCUMENTATION

COLLEGE OR UNIVERSITY:	INFORMATION
NAME OF COLLEGE OR UNIVERSITY	
ADDRESS	
PHONE NUMBER	
CITY	
STATE	
ZIP CODE	

Signature of Chapter President	
Signature of SWR Treasurer	

\*\*\*Please return a copy of this form to Southwestern Regional Treasurer at [wonda.traylor@att.net](mailto:wonda.traylor@att.net) along with a copy of the scholarship recipient's college courses and/or transcript from the college or university\*\*\*.