

IAP Outstanding Senior Application

Please print or type

Name _____ Age _____
(Last) (First) (Middle)

School Address _____

E-mail Address _____ Cell Phone _____

Home Address _____ Phone _____

County of Residence _____

Parent(s) or Guardian(s) _____

Parent/Guardian Address
(if different than above) _____

High School Attended & Graduation Year _____

Sorority Affiliation _____ College/Univ. _____

Field of Study
(Major/Minor) _____

Accumulative GPA beginning of this fall semester, indicate scale _____

Total number of credit hours toward degree completed by January 1, 2010 _____

*** I certify that the information provided on this application is current and accurate.*

(Applicant's Signature)

(Date)

If selected, do you give permission for general information (no contact information...just name, school, major, sorority affiliation and parents' names) to be included in a press release to be submitted to local and/or surrounding area newspapers? _____ Yes _____ No

**Completed applications must be postmarked by December 19, 2009 and mailed to:
Lu Hesler 7620 Chestnut Hills Drive Indianapolis, IN 46278**

In order for the IAP Selection Committee to remain unbiased as they review the applications, please do not use your sorority's name or Greek letters as you complete the remainder of this form. List your activities under the proper category indicating the year or years of participation. Also, list offices held and the committees on which you have served. Give a brief description of those positions as duties vary in each sorority. Please include the same information for campus activities and organizations, noting the time involved and significance of your position/participation.

Scholastic Honoraries & Recognition

Collegiate Organizations/Community Service

Departmental Honors

Sorority Leadership Positions

Sorority and/or University Recognition

Additional Activities, Special Interests, Employment, Etc.
