Syracuse University
Phi Theta Kappa Scholarship Application

Please print and mail this application to:
Syracuse University
Office of Financial Aid & Scholarship Programs
200 Bowne Hall
Syracuse, NY 13244

Deadlines:
June 1 – Fall Semester
December 15 – Spring Semester

Personal Information – Please Print

Name: _________________________________________________________________
  First                                            Middle                                       Last

Syracuse University ID _______________________________________

Address: ________________________________________________________________
  Number                                 Street
  ____________________________________________
  City                                                                                         State                                       Zip Code

Telephone: (____)_____________   Email: _____________________________________

College Information
Phi Theta Kappa is a national honorary fraternity which honors students from junior and community colleges throughout the United States. To be considered for eligibility, students must have a minimum cumulative 3.5 GPA or higher and a minimum of 24 credit hours earned. Part-time students and students with a previous Bachelor’s degree are not eligible. Students must enroll immediately following the completion of their two year program.

Name of junior/community college: _______________________________________

Dates of enrollment: ____________________________________________________

Cumulative GPA: _______________________________________________________

Credit hours completed: _________________________________________________

Student Signature: ______________________________________________________

Advisor Information
Syracuse University requires acknowledgment from the student’s Phi Theta Kappa college advisor that the student is a member of the Phi Theta Kappa chapter and in good standing. Please confirm by signing below, that to the best of your knowledge, the above information is correct and the student meets the specific requirements listed.

Advisor’s Name: _______________________________________________________

Advisor’s Signature: _____________________________________________________

Title and E-mail: _________________________________________________________

Date: _________________________________________________________________

Additional information on the Phi Theta Kappa Scholarship can be found on our website financialaid.syr.edu.