

# **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 U	niversity 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/communit	y college:		
Dates of enrollment:	5 0		
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 details on the Phi Theta Kappa Scholarship can be found at syracuse.edu/financialaid.