

## PHI THETA KAPPA Scholarship Application

(Return application and supporting documents to the Phi Theta Kappa/Honors Office, COM 201)

### PLEASE PRINT OR TYPE:

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone #: Day \_\_\_\_\_ Evening: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Induction Semester/Year: \_\_\_\_\_ Enhanced Member: Yes or No

Proposed date of graduation: \_\_\_\_\_ GPA: \_\_\_\_\_

Estimated number of participation hours in Phi Theta Kappa activities: \_\_\_\_\_

**Please attach a list of Phi Theta Kappa activities you have participated in since joining**

### Requirements to qualify for the Phi Theta Kappa Scholarship:

1. I am an active member of the Alpha Iota Gamma Chapter of Phi Theta Kappa.
2. I am a continuing student at JCCC next semester.
3. I am currently working toward enhancement this semester.
4. I understand that I must have a **minimum cumulative** GPA of 3.0.

*The information I have provided on this Phi Theta Kappa Scholarship Application is true and correct. I have read, understand and agree to abide by the terms of the awards offered and described in the Student Financial Assistance Handbook. I hereby authorize Johnson County Community College to transfer from my financial aid award to pay tuition and fees.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*I hereby authorize the Office of Student Financial Assistance at Johnson County Community College to release information regarding my scholarship to the foundation donor(s) at the JCCC Public Information Office.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*TO BE COMPLETED BY THE PHI THETA KAPPA COMMITTEE:*

\_\_ Completed application form Date \_\_\_\_\_