



# Phi Theta Kappa Scholarship Application

## Missouri State University

Complete this form and return to the Office of Student Financial Aid, Carrington Hall 101, by **MARCH 1** (for fall applicants) or **OCTOBER 1** (for spring and summer applicants). Apply for admission to Missouri State University by the specified deadline. Please refer to [www.missouristate.edu/financialaid](http://www.missouristate.edu/financialaid) for more information.

1) Name \_\_\_\_\_  
*First* *Middle* *Last*

2) Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_ Female  Male

3) Address \_\_\_\_\_  
*Street*

\_\_\_\_\_ ( ) \_\_\_\_\_  
*City* *State* *Zip* *Phone*

4) Community College currently attending \_\_\_\_\_

\_\_\_\_\_ *City* *State*

5) Will you graduate with an Associate Degree? Yes  No  If so, which degree? \_\_\_\_\_

6) What will you major in at Missouri State? \_\_\_\_\_

7) How many hours of college credit will you have completed at the beginning of the fall semester? \_\_\_\_\_

8) College and Community Activities: List organizations to which you belong, any offices held and appropriate dates. You may attach a separate page for additional activities.

	Organization Name	Offices Held (Dates in Office)	Dates of Membership
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____
f.	_____	_____	_____

(OVER)

9) Compose and attach a typewritten, double-spaced essay (not to exceed two pages) which describes the following:

- 1) Your interests and expectations for Missouri State University
- 2) Your career plans
- 3) Special recognition/achievements. List awards and honors you have received.
- 4) How Phi Theta Kappa has helped you as a student

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I consent to the release of the information provided for the purpose of evaluation by the Missouri State Scholarship Committee or its appointed representatives.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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**TO BE COMPLETED BY YOUR PHI THETA KAPPA CHAPTER ADVISOR (Required):**

In the section below, please verify that this applicant is an active Phi Theta Kappa member. State the applicant's date of induction, and describe the applicant's level of involvement. Use an additional page if needed.

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Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN TO:           Scholarship Coordinator  
                          Office of Student Financial Aid  
                          Missouri State University  
                          901 South National  
                          Springfield, Missouri 65897

Missouri State University is a community of people with respect for diversity. The University emphasizes the dignity and equality common to all persons and adheres to a strict nondiscrimination policy regarding the treatment of individual faculty, staff, and students. In accord with federal law and applicable Missouri statutes, the University does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, age, disability, or veteran status in employment or in any program or activity offered or sponsored by the University. In addition, the University does not discriminate on any basis not related to the applicable educational requirements for students or the applicable job requirements for employees. The University maintains a grievance procedure incorporating due process available to any person who believes he or she has been discriminated against. Missouri State University is an Equal Opportunity/Affirmative Action employer. Inquiries concerning the grievance procedure, Affirmative Action Plan, or compliance with federal and state laws and guidelines should be addressed to Jana Estergard, Equal Opportunity Officer, Siceluff Hall 296, 901 South National Avenue, Springfield, Missouri 65897, 417-836-4252.