**PHI THETA KAPPA SCHOLARSHIP APPLICATION**

The University of Texas at San Antonio is proud to extend scholarship opportunities to students that are members of the Phi Theta Kappa Honor Society, which is recognized as the official honor society for community colleges.

<table>
<thead>
<tr>
<th>Award Value: $2,500 per year ($1250 per semester)</th>
<th>Number Available: Varies; Renewable for 1 additional year</th>
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<tr>
<td>Selection Criteria: These scholarships are awarded competitively and require the submission of a complete scholarship packet for consideration. All awards are based on fund availability, the overall strength of the scholarship application, and the applicant pool. Financial need is not a criterion.</td>
<td>Automatic renewal upon completing the following: - Must enroll full-time each semester in at least 12 hours for the fall and spring semesters. - Must earn a 3.0 grade point average or higher each semester.</td>
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**Students applying for the Phi Theta Scholarship MUST meet the following criteria:**

- Be a member of Phi Theta Kappa and submit proof of membership
- Must be an incoming first-time transfer student and a Texas Resident
- Apply and be admitted by the application deadline
- Have a cumulative GPA of a 3.0 or higher on all college-level coursework
- Must be enrolled full-time during the Fall and Spring semesters at UTSA
- Have a Free Application for Federal Student Aid (FAFSA) on file; however, financial need is not a criterion.

The application and all supporting materials must be received in one complete packet.

*Incomplete applications will not be reviewed*

Please submit one packet with **ALL** of the items listed below (recommendation letters are optional):

1. Completed UTSA Phi Theta Kappa scholarship application.
2. Proof of Phi Theta Kappa membership via (1) a college transcript that has “PTK Member” printed or stamped on it, (2) a letter from your PTK Advisor or (3) a copy of your PTK membership certificate.
3. List of activities/honors in résumé format.
4. Two letters of recommendations from any of the following: professors, advisors or employers (OPTIONAL).

**SCHOLARSHIP DEADLINES:**  **FALL** – June 1st; **SPRING** – NOVEMBER 1st

Please send your complete application packet to:

Phi Theta Kappa Scholarship Committee  
University of Texas at San Antonio  
Undergraduate Admissions  
One UTSA Circle  
JPL 1.01.14  
San Antonio, Texas 78249

Questions? Please call 210.458.8000 or email: Futureroadrunner@utsa.edu
PLEASE TYPE OR PRINT CLEARLY:

First Name: __________________________  Middle Name: __________________________  Last Name: __________________________

My UTSA ID or DOB: __________________________  Email Address: __________________________

Street Address: __________________________  City: __________  State: _______  Zip: _______

COLLEGE INFORMATION

Anticipated date of admissions to the University of Texas at San Antonio: □ FALL ________  □ SPRING ________

College you are currently enrolled in: __________________________  Current College GPA: _______

Intended Major: __________________________  Cumulative GPA: _______  Degree if any (AA, AS): _______

PREVIOUS COLLEGE WORK, IF ANY:

Institution: __________________________  Address: __________________________

City: __________  State: _______  Dates Attended: __________________________

Institution: __________________________  Address: __________________________

City: __________  State: _______  Dates Attended: __________________________

Total number of semester hours completed: _______

SHORT ANSWER QUESTIONS

Why would you like to attend UTSA?

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How do you intend to use your educational and professional goals to impact the University of Texas at San Antonio?

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DISCLOSURE

Please review a list of current UT System University Board of Regent members at http://www.utsystem.edu/bor/ and then select the most appropriate answer below indicating your relation to any of the Board of Regent members.

- □ Not related to a Regent
- □ Regent’s mother, father, daughter or son
- □ Regent’s brother, sister, grandparent or grandchild
- □ Regent’s great-grandchild, uncle (brother of parent), aunt (sister of parent), nephew (son of brother or sister), or niece (daughter of brother or sister)
- □ Regent’s spouse; spouse’s child; spouse’s mother or father; child’s spouse; or parent’s spouse
- □ Regent’s spouse’s brother or sister; spouse’s grandparent; spouse’s grandchild; brother or sister’s spouse; grandparent’s spouse; or grandchild’s spouse

CERTIFICATION (Must be signed by applicant)

I certify that the information on this application is correct and true to the best of my knowledge. I hereby give permission for this information to be released to the donor or potential donors of any scholarship for which I may be eligible. I also give my permission to release my information to the donor of any scholarship for which I am selected. I also understand that furnishing false information may result in revocation of my financial aid or may result in disciplinary action pursuant to the UTSA Code of Student Conduct.

Applicant’s signature ___________________________ Date ____________

Privacy Notice

With few exceptions, you are entitled to be informed about the information U.T. San Antonio collects about you. Under Sections 552.021 and 522.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T San Antonio correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that U.T. San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 etseq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

For Office Use Only | Counselor: ___________________________ Date: ____________

Last updated: 09/19/2016
LIST OF ACTIVITIES AND HONORS (In résumé format)
The evaluation must be completed by a faculty member. By submitting this evaluation, the scholarship applicant waives all access to the information contained within.

Applicant’s full legal name: ________________________________________________________________

Applicant’s Address: ________________________________________________________________ Street Name City State Zip

Applicant’s Date of Birth: ___________________________ Applicants My UTSA ID (optional)____________________

Name of Recommender: ________________________________________________________________

Title: ___________________________ Day Phone: (____)________________________

How long have you known this applicant?________ In what capacity?_______________________

Relationship:____________ What courses have you taught this student?_______________________

In the space provided below, or an attached sheet, please tell us why you feel this person should be honored with a Phi Theta Kappa Scholarship. Please give us your professional recommendation regarding this applicant’s preparation for study at the University of Texas at San Antonio. Consider this an opportunity to represent the student beyond the information requested on the scholarship application.

Recommendation letters must be confidential. Please return the letter to the applicant in a sealed envelope with a signature on the back to guarantee its confidentiality. All materials must be submitted in one complete packet to be considered for scholarship review.

Last updated: 09/19/2016