

**SMU**

SOUTHERN METHODIST UNIVERSITY

**Phi Theta Kappa Transfer Scholarship Application****STUDENT PORTION**

Complete the top portion of the application and submit to your PTK advisor.

SMU Entry Semester ☐ Fall 20\_\_\_\_ or ☐ Spring 20\_\_\_\_

Social Security Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Any other name(s) under which your documents maybe received \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Applicant Checklist**

- ☐ I have submitted my Transfer Admission Application to SMU
- ☐ I have submitted this completed PTK Scholarship Application so my advisor will be able to submit it to SMU by May 1 (Fall entry), November 1 (Spring entry)
- ☐ I have requested two letters of recommendation to be sent to SMU (by academic sources). Address letters to: *PTK Scholarship Committee, letters should be sent to [ugadmission@smu.edu](mailto:ugadmission@smu.edu)*
- ☐ I have requested that official transcripts be sent to SMU from all previous and current colleges and universities
- ☐ I have been an active member of Phi Theta Kappa for at least one year
- ☐ I understand that I cannot be considered for the Phi Theta Kappa Honor Scholarship without this form and official confirmation of my membership

This scholarship application is a supplement to the regular SMU Transfer Admission Application. When describing your academic and service activities on the transfer admission application, specify those affiliated with PTK.

**PTK ADVISOR PROTION**

Advisor, please fill out the information below and email completed form to SMU.

Please check only ONE:

\_\_\_\_\_  
(Student's First Name) is ☐ One of our Most Active Members ☐ An Active Member ☐ Just a member.I certify that this student listed above has been an active member of the \_\_\_\_\_ chapter of  
(Chapter Name)  
Phi Theta Kappa at \_\_\_\_\_  
(College Name)

Advisor Name: \_\_\_\_\_ Advisor Signature: \_\_\_\_\_

Advisor Title: \_\_\_\_\_ Advisor Phone Number: \_\_\_\_\_

Please email completed form to [ugadmission@smu.edu](mailto:ugadmission@smu.edu).