

Phi Theta Kappa Scholarship Application

A. Minimum Eligibility Criteria

1. Admitted to Northern Arizona University seeking your first undergraduate degree;
2. Enrolled full-time at Northern Arizona University;
3. Member of Phi Theta Kappa (**include a copy of your membership card or certificate with this application form**);
4. 3.50 or higher cumulative transfer GPA (**include a copy of your current unofficial community college transcripts with this application form**).

B. Student Information

Name:		NAU ID#:
Mailing Address:		
City:	State:	Zip Code:
Phone:		Email Address:
First Year and Semester you will attend NAU:	Last Year and Semester you will attend your Community College:	
Community College Attending/Attended:		
Will you be enrolling in a CEP Nursing or Mid-Track Nursing Program?		

C. Agreement and Understanding

Student Certification: By signing below, I acknowledge that I have read and understand the information on this form. I certify that all information submitted on and with this form is true and correct. I will provide additional information if requested by the NAU Office of Scholarships and Financial Aid. If awarded a scholarship, I give consent to release my academic, financial, or other information as required by NAU or the donor.

Typed, copied, or electronic signatures will not be accepted.

Signature:	Date:
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Email this completed form, proof of PTK membership, and unofficial college transcripts as an attachment to Scholarships@nau.edu OR mail to:

NAU Office of Scholarships and Financial Aid
PO Box 4108
Flagstaff, AZ 86011-4108