

# Phi Theta Kappa Transfer Scholarship Confirmation Form

last name

first name

middle name

University ID Number

birthdate (month/day/year)

Session of Your Admission:    Fall (August) 20\_\_\_\_    Spring (January) 20\_\_\_\_    Summer (June) 20\_\_\_\_

street address line 1

street address line 2

city

state

ZIP

(   )

(   )

phone number(s) where you can be reached

e-mail address

*I verify that this transfer student is a member of the Phi Theta Kappa International Honor Society at:*

\_\_\_\_\_ **Community College.**

PTK Chapter Advisor signature

date

**Return this form to:**  
Office of Admissions—PTK Transfer Scholarship Program  
The University of Iowa  
107 Calvin Hall  
Iowa City, IA 52242-1396

