



Phi Theta Kappa Scholarship Adviser Verification Form

Student's
Name _____ Date of Birth _____

Address _____

City, State, Zip _____

Phone Numbers: Day _____ Evening _____

E-mail Address _____

I confirm that this student is a current member of Phi Theta Kappa International Honor Society at

_____ Community College

_____ PTK Adviser Name (please print)

_____ PTK Adviser's E-mail Address

_____ Phone Number

_____ PTK Chapter Adviser Signature

_____ Date

Please return this form to:

**Office of Admission
Drake University
2507 University Avenue
Des Moines, IA 50311-4505
Fax: 515-271-2831
admission@drake.edu**