

THE ERNEST R. STIEFEL PHI BETA KAPPA GRADUATE STUDY AWARD

APPLICATION

Before submitting this form, please read the information sheet carefully and make certain that all required documents are attached to this form.

NAME: _____
Last First Middle Initial

CURRENT ADDRESS: _____
Street City State Zip

PERMANENT ADDRESS: _____
Street City State Zip

EMAIL ADDRESS: _____ PHONE NUMBER _____

ELECTED TO PBK AT THE UNIVERSITY OF _____ IN YEAR _____

UNIVERSITY WHERE GRADUATE WORK WILL BE DONE (*circle one*): UPS UW

ACADEMIC YEAR IN WHICH GRADUATE WORK WILL BEGIN: _____

FIELD OF GRADUATE WORK: _____

I consent to the release of pertinent information by the institution's Student Financial Aid Office including academic records and my financial aid application status, budget, award and/or eligibility, to the Puget Sound Association of Phi Beta Kappa Ernest R. Stiefel Graduate Study Award Committee for the purpose of selection and conferring the Ernest R. Stiefel Graduate Study Award.

SIGNATURE: _____ DATE: _____

ATTACHMENTS:

1. Personal letter with information as outlined on the Ernest R. Stiefel Information Sheet
2. Current official transcript of university work

RETURN FORM AND ATTACHMENTS BY JUNE 18, 2012, TO:

Puget Sound Association of Phi Beta Kappa
P.O. Box 15258
Seattle, WA 98115